

Missouri

UNIFORM APPLICATION FFY 2004

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB No. 0930-0080 - Approved 5/10/01 - Expires 07/31/04

(generated on 7-1-2004 11.48.56 AM)

Center for Substance Abuse Treatment
Division of State and Community Assistance

Introduction:

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Form 1

State: Missouri

DUNS Number: 780871430

**APPLICATION FOR FFY 2004 BLOCK GRANT
FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE**

I. STATE AGENCY TO BE THE GRANTEE FOR THE BLOCK GRANT

Agency Name: Missouri Department of Mental Health

Organizational Unit: Division of Alcohol and Drug Abuse

Mailing Address: 1706 E Elm Street PO Box 687

City: Jefferson City

Zip: 65102-0687

II. CONTACT PERSON FOR THE GRANTEE FOR THE BLOCK GRANT

Name: Andrew Homer PhD

Agency Name: Missouri Department of Mental Health Div of Alcohol and Drug Abuse

Mailing Address: 1706 E Elm Street PO Box 687

City: Jefferson City

Zip Code: 65102-0687

Telephone: (573) 751-8055

FAX: (573) 751-7814

III. STATE EXPENDITURE PERIOD

From: 7/1/2001

To: 6/30/2002

IV. DATE SUBMITTED

Date: 8/31/2003

☒ Original

☐ Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Andrew Homer PhD

Telephone: (573) 751-8055

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Missouri

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**FFY 2004 Substance Abuse Block Grant Application
Funding Agreements/Certifications
as Required by the Public Health Service Act**

As part of the annual application for Block Grant funds, it is required under Title XIX, Part B, Subpart II of the Public Health Services Act, as amended, that the chief executive officer (or an authorized designee) of the applicant organization certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.

We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.

I. Formula Grants to States, Section 1921

Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.

II. Certain Allocations, Section 1922

- Allocations Regarding Alcohol and Other Drugs, Section 1922(a)
- Allocations Regarding Primary Prevention Programs, Section 1922(b)
- Allocations Regarding Women, Section 1922(c)

III. Intravenous Drug Abuse, Section 1923

- Capacity of Treatment Programs, Section 1923(a)
- Outreach Regarding Intravenous Substance Abuse, Section 1923(b)

IV. Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924

V. Group Homes for Recovering Substance Abusers, Section 1925

The State "has established, and is providing for the ongoing operation of a revolving fund" in accordance with Section 1925 of the Public Health Services Act, as amended. This requirement is now optional.

VI. STATE LAW REGARDING SALE OF TOBACCO PRODUCTS TO INDIVIDUALS UNDER AGE OF 18, SECTION 1926:

- The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).
- The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).
- The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).

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VII. Treatment Services for Pregnant Women, Section 1927

	The State “will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant.”
VIII.	Additional Agreements, Section 1928
	<ul style="list-style-type: none"> • Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a) • Continuing Education, Section 1928(b) • Coordination of Various Activities and Services, Section 1928(c) • Waiver of Requirement, Section 1928(d)
IX.	Submission to Secretary of Statewide Assessment of Needs, Section 1929
X.	Maintenance of Effort Regarding State Expenditures, Section 1930
	The State “will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.”
XI.	Restrictions on Expenditure of Grant, Section 1931
XII.	Application for Grant; Approval of State Plan, Section 1932
XIII.	Opportunity for Public Comment on State Plans, Section 1941
	The plan required under Section 1932 will be made “public in such a manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.
XIV.	Requirement of Reports and Audits by States, Section 1942
XV.	Additional Requirements, Section 1943
XVI.	Prohibitions Regarding Receipt of Funds, Section 1946
XVII.	Nondiscrimination, Section 1947
	I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart III of the Public Health Services Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.
State:	
Name of Chief Executive Officer or Designee:	
Signature of CEO or Designee:	
Title: _____ Date Signed: _____ If signed by a designee, a copy of the designation must be attached	
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE
APPLICANT ORGANIZATION		DATE SUBMITTED

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORK-PLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE
APPLICANT ORGANIZATION		DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Congressional District, if known _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known _____		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i>			b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:				Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by OMB
0348-0046

Reporting Entity:_____

Page _____ **of** _____

Authorized for Local Reproduction
Standard Form - LLL-A

State:
Missouri

How allotments were used:

Enter the amount of the FFY 2001 SAPT Block Grant that appears on line 8 of the Notice of Block Grant Award

\$25,157,268

Attachment A

State:
Missouri

Attachment A: Prevention

Answer the following questions about the current year status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each application question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

☒ Yes ☐ No ☐ Unknown

2. Does your State conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

☒ Yes ☐ No ☐ Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK GRANT

☐ Yes
☒ No
☐ Unknown

OTHER STATE FUNDS

☐ Yes
☒ No
☐ Unknown

DRUG FREE SCHOOLS

☐ Yes
☒ No
☐ Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

☐ Yes ☒ No ☐ Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education Bureau? ☒ Yes ☐ No ☐ Unknown

Dissemination of materials? ☒ Yes ☐ No ☐ Unknown

Media campaigns? ☒ Yes ☐ No ☐ Unknown

Product pricing strategies? ☐ Yes ☒ No ☐ Unknown

Policy to limit access? ☒ Yes ☐ No ☐ Unknown

6. Does your State now have laws that suspend or revoke administrative drivers' licenses for those determined to have been driving under the influence of intoxicants? (HP 26-24)

☒ Yes ☐ No ☐ Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as: (HP 26-11c, 12, 23)

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers,

☐ Yes ☒ No ☐ Unknown

New product pricing,

☐ Yes ☒ No ☐ Unknown

New taxes on alcoholic beverages,

☐ Yes ☒ No ☐ Unknown

New Laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors,

☐ Yes ☒ No ☐ Unknown

Parental responsibility laws for a child's possession and use of alcoholic beverages.

☐ Yes ☒ No ☐ Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

☒ Yes ☐ No ☐ Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4) (if available)

	Age 0 - 5	Age 6 - 11	Age 12 - 14	Age 15 - 18
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? .08

Motor vehicle drivers under age 21? .08

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug abuse prevention (HP 26-3)?

194

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences (HP 26-11 and 26-16)?

☐ Yes ☒ No ☐ Unknown

Attachment J

State:
Missouri

Attachment J

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

- ☐ To expend not less than an amount equal to the amount expended by the State for FFY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d))
- ☐ Rural area early intervention services HIV requirements (See 42 U.S.C. 300x.24(b)(5)(B) and 45 C.F.R. 96.128(d))
- ☐ Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x 28(d) and 45 C.F.R. 96.132(d))
- ☒ Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(b) and 45 C.F.R. 96.134(b))
- ☐ Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
Missouri

Dates of State Expenditure Period:
From 7/1/2001 to 6/30/2002

Activity	A. SAPT Block Grant FFY 2001 Award (Spent)	C. Medicaid (Federal, State and Local)	D. Other Federal Funds (e.g., Medicare, other public welfare)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance abuse treatment and rehabilitation	\$0	\$7627203	\$125198	\$11342480	\$0	\$0
2. Alcohol treatment and rehabilitation	\$8933636	\$4299280	\$70572	\$6393497	\$0	\$0
3. Drug treatment and rehabilitation	\$9897805	\$5174870	\$84944	\$7695593	\$0	\$0
4. Primary Prevention	\$5033395		\$1981692	\$309968	\$0	\$0
5. Tuberculosis Services	\$40191	\$149743	\$0	\$122562	\$0	\$0
6. HIV Early Intervention Services	\$0	\$281080	\$0	\$1710213	\$0	\$0
7. Administration (excluding program/provider level)	\$1252241		\$1202141	\$1744840	\$0	\$0
8. Column Total	\$25,157,268	\$17,532,176	\$3,464,547	\$29,319,153	\$	\$

Primary Prevention Expenditures Checklist

State:
Missouri

	Block Grant FFY 2001	Other Federal	State	Local	Other
Information Dissemination	\$679838	\$661962	\$77659	\$0	\$0
Education	\$1267306	\$681062	\$18985	\$0	\$0
Alternatives	\$728278	\$54069	\$1867	\$0	\$0
Problem Identification & Referral	\$22499	\$54069	\$1429	\$0	\$0
Community-Based Process	\$1048741	\$179069	\$187910	\$0	\$0
Environmental	\$338893	\$179069	\$1409	\$0	\$0
Other	\$398358	\$172392	\$2209	\$0	\$0
Section 1926 - Tobacco	\$549482	\$0	\$18500	\$0	\$0
TOTAL	\$5,033,395	\$1,981,692	\$309,968	\$	\$

Expenditures on Resource Development

State:
Missouri

Did the State fund resource development activities from the FFY 2001 block grant?

☒ Yes ☐ No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	\$0	\$267047	\$267047
Quality Assurance	\$0	\$0	\$0
Training (post-employment)	\$0	\$177748	\$177748
Education (pre-employment)	\$0	\$0	\$0
Program Development	\$75150	\$4113	\$79263
Research and Evaluation	\$0	\$125834	\$125834
Information Systems	\$0	\$0	\$0
TOTAL	\$75,150	\$574,742	\$649,892

Expenditures on Resource Development Activities are:

☒ Actual ☐ Estimated

SUBSTANCE ABUSE ENTITY INVENTORY

State:
Missouri

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grand Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
001	MO900305	Central Region	\$4,000	\$876,612	\$4,000	\$	\$	\$
008	X	Statewide	\$2,486,064	\$258,937	\$2,486,064	\$2,272,446	\$	\$
009	MO901642	Eastern Region	\$22,789	\$439,655	\$22,789	\$	\$	\$
038	MO750502	Southeast Region	\$246,197	\$412,902	\$246,197	\$	\$	\$
039	MO903879	Southwest Region	\$237,255	\$384,277	\$237,255	\$2,428	\$	\$234,827
043	MO100948	Southwest Region	\$412,623	\$130,835	\$412,623	\$118,955	\$	\$
087	MO903127	Northwest Region	\$686,021	\$270,156	\$686,021	\$34,118	\$	\$
152	X	Eastern Region	\$68,333	\$10,849	\$68,333	\$68,333	\$	\$
156	MO101029	Southwest Region	\$318,390	\$397,829	\$318,390	\$16,438	\$	\$301,951
171	X	Northwest Region	\$89,167	\$8,046	\$89,167	\$89,167	\$	\$
174	MO103967	Eastern Region	\$19,552	\$32,083	\$19,552	\$	\$	\$
175	MO903515	Southwest Region	\$39,138	\$41,783	\$39,138	\$	\$	\$
183	MO100716	Northwest Region	\$366,855	\$154,024	\$366,855	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
185	X	Northwest Region	\$3,946	\$4,425	\$3,946	\$	\$	\$
189	MO100591	Eastern Region	\$397,583	\$640,168	\$397,583	\$	\$	\$397,583
192	MO101060	Eastern Region	\$78,817	\$40,746	\$78,817	\$	\$	\$
193	MO100567	Eastern Region	\$76,454	\$128,522	\$76,454	\$	\$	\$
195	MO101151	Southwest Region	\$2,470	\$2,328	\$2,470	\$	\$	\$
207	MO101482	Southwest Region	\$3,108	\$75,293	\$3,108	\$	\$	\$
208	MO101490	Eastern Region	\$16,880	\$225,913	\$16,880	\$	\$	\$
209	X	Southwest Region	\$10,541	\$105,842	\$10,541	\$	\$	\$
211	X	Central Region	\$5,669	\$63,652	\$5,669	\$	\$	\$
216	X	Northwest Region	\$3,539	\$12,700	\$3,539	\$	\$	\$
217	X	Northwest Region	\$	\$54,800	\$	\$	\$	\$
218	MO101714	Northwest Region	\$12,189	\$83,994	\$12,189	\$	\$	\$
219	MO101722	Northwest Region	\$	\$10,425	\$	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grand Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
226	X	Northwest Region	\$	\$43,826	\$	\$	\$	\$
227	MO101896	Eastern Region	\$	\$16,200	\$	\$	\$	\$
231	X	Central Region	\$	\$75,912	\$	\$	\$	\$
238	MO102027	Eastern Region	\$3,520	\$46,307	\$3,520	\$	\$	\$
239	MO101987	Eastern Region	\$	\$36,610	\$	\$	\$	\$
247	X	Eastern Region	\$1,431	\$	\$1,431	\$1,431	\$	\$
252	X	Southeast Region	\$9,267	\$80,829	\$9,267	\$	\$	\$
264	X	Southwest Region	\$3,007	\$22,995	\$3,007	\$	\$	\$
267	X	Statewide	\$899,288	\$73,000	\$899,288	\$875,074	\$	\$
269	MO105087	Eastern Region	\$511,983	\$169,573	\$511,983	\$	\$	\$
274	X	Southwest Region	\$1,313	\$15,843	\$1,313	\$	\$	\$
021c	MO102084	Northwest Region	\$892,322	\$346,411	\$892,322	\$	\$	\$
031a	MO106002	Northwest Region	\$49,638	\$20,393	\$49,638	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
031b	MO301678	Northwest Region	\$602,187	\$247,394	\$602,187	\$	\$	\$138,804
045a	MO104999	Northwest Region	\$6,032	\$13,516	\$6,032	\$	\$	\$
045b	MO902673	Northwest Region	\$19,047	\$42,681	\$19,047	\$	\$	\$
045c	MO105244	Northwest Region	\$107,935	\$241,857	\$107,935	\$	\$	\$
045d	MO102142	Northwest Region	\$82,856	\$185,661	\$82,856	\$	\$	\$
049a	MO103918	Southwest Region	\$32,428	\$50,366	\$32,428	\$	\$	\$
049b	MO103124	Northwest Region	\$36,779	\$57,122	\$36,779	\$	\$	\$
049c	MO901543	Northwest Region	\$68,812	\$106,874	\$68,812	\$	\$	\$
049d	MO901527	Southwest Region	\$252,309	\$391,870	\$252,309	\$	\$	\$
049e	MO106309	Southwest Region	\$24,915	\$38,696	\$24,915	\$	\$	\$
056a	MO903598	Southeast Region	\$22,764	\$35,972	\$22,764	\$	\$	\$
056b	MO000041	Southeast Region	\$65,692	\$103,804	\$65,692	\$	\$	\$
056c	MO101128	Southeast Region	\$315,565	\$479,294	\$315,565	\$	\$	\$315,565

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
057a	MO106010	Northwest Region	\$49,298	\$331,994	\$49,298	\$	\$	\$
057b	MO100872	Northwest Region	\$53,377	\$359,461	\$53,377	\$	\$	\$
057c	MO101094	Northwest Region	\$220,234	\$269,656	\$220,234	\$	\$	\$220,234
061a	MO106101	Central Region	\$18,473	\$32,296	\$18,473	\$30	\$	\$
061b	MO101011	Central Region	\$200,125	\$349,877	\$200,125	\$323	\$	\$
061c	MO106671	Central Region	\$26,940	\$47,099	\$26,940	\$44	\$	\$
062a	MO100179	Central Region	\$113,319	\$287,863	\$113,319	\$	\$	\$
062b	MO100187	Central Region	\$111,934	\$284,344	\$111,934	\$	\$	\$
062c	MO105293	Central Region	\$23,273	\$59,121	\$23,273	\$	\$	\$
067a	MO100765	Eastern Region	\$771,161	\$315,256	\$771,161	\$19,531	\$	\$
067b	MO301603	Eastern Region	\$164,473	\$67,238	\$164,473	\$4,166	\$	\$
067c	MO900081	Eastern Region	\$347,565	\$142,087	\$347,565	\$8,803	\$	\$
074a	MO103330	Northwest Region	\$5,840	\$9,325	\$5,840	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
074b	MO100930	Southwest Region	\$15,447	\$24,667	\$15,447	\$	\$	\$
076a	MO103678	Northwest Region	\$11,496	\$2,408	\$11,496	\$190	\$	\$
076b	MO103652	Northwest Region	\$34,489	\$7,224	\$34,489	\$569	\$	\$
089a	MO101417	Eastern Region	\$88,785	\$128,953	\$88,785	\$	\$	\$
089b	MO750403	Eastern Region	\$205,417	\$298,352	\$205,417	\$	\$	\$
090a	MO101458	Eastern Region	\$251,704	\$416,868	\$251,704	\$	\$	\$
090b	MO102803	Eastern Region	\$5,270	\$8,728	\$5,270	\$	\$	\$
090c	MO101136	Eastern Region	\$393,371	\$827,367	\$393,371	\$	\$	\$393,371
090d	MO100381	Eastern Region	\$42,777	\$70,847	\$42,777	\$	\$	\$
090e	MO106069	Eastern Region	\$154,060	\$255,152	\$154,060	\$	\$	\$
153a	MO101177	Northwest Region	\$61,931	\$79,844	\$61,931	\$	\$	\$
153b	MO103942	Central Region	\$16,056	\$20,700	\$16,056	\$	\$	\$
153c	MO106606	Central Region	\$10,092	\$13,012	\$10,092	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
153d	MO105780	Central Region	\$44,498	\$57,370	\$44,498	\$	\$	\$
153e	MO105723	Central Region	\$81,657	\$105,276	\$81,657	\$	\$	\$
154a	MO100526	Northwest Region	\$141,688	\$196,720	\$141,688	\$	\$	\$
154b	MO101441	Northwest Region	\$99,674	\$138,388	\$99,674	\$	\$	\$
158a	MO106705	Southeast Region	\$100,640	\$139,228	\$100,640	\$2,815	\$	\$
158b	MO902319	Southeast Region	\$198,019	\$273,944	\$198,019	\$5,539	\$	\$
158c	MO903259	Southeast Region	\$2,330	\$3,223	\$2,330	\$65	\$	\$
188a	MO100922	Southwest Region	\$171,431	\$94,603	\$171,431	\$	\$	\$
188b	MO102019	Northwest Region	\$491,363	\$271,154	\$491,363	\$	\$	\$
210a	MO103462	Eastern Region	\$5,007	\$54,447	\$5,007	\$	\$	\$
210b	MO103884	Eastern Region	\$4,706	\$51,168	\$4,706	\$	\$	\$
249a	MO105434	Eastern Region	\$48	\$11,888	\$48	\$	\$	\$
249b	MO105442	Eastern Region	\$32	\$7,925	\$32	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
250a	MO102050	Northwest Region	\$35,540	\$191,637	\$35,540	\$	\$	\$
250b	MO103470	Northwest Region	\$10,059	\$54,237	\$10,059	\$	\$	\$
262a	MO102928	Eastern Region	\$258,314	\$822,003	\$258,314	\$	\$	\$
262b	MO102951	Eastern Region	\$99,734	\$317,371	\$99,734	\$	\$	\$
037	MO750593	Southwest Region	\$357,912	\$500,815	\$357,912	\$54,975	\$	\$
045e	MO902608	Northwest Region	\$13,333	\$29,876	\$13,333	\$	\$	\$
048	MO101631	Southwest Region	\$	\$60,577	\$	\$	\$	\$
049f	MO106242	Southwest Region	\$49,038	\$76,163	\$49,038	\$	\$	\$
049g	MO106218	Southeast Region	\$49,829	\$77,391	\$49,829	\$	\$	\$
049h	MO105798	Central Region	\$66,834	\$103,803	\$66,834	\$	\$	\$
049i	MO103801	Southwest Region	\$26,892	\$41,767	\$26,892	\$	\$	\$
049j	MO103280	Northwest Region	\$102,822	\$159,696	\$102,822	\$	\$	\$
049k	MO103272	Northwest Region	\$26,496	\$41,152	\$26,496	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
049l	MO103231	Northwest Region	\$24,124	\$37,467	\$24,124	\$	\$	\$
049m	MO103207	Central Region	\$130,900	\$203,306	\$130,900	\$	\$	\$
049n	MO100406	Southeast Region	\$20,564	\$31,939	\$20,564	\$	\$	\$
049o	MO103215	Northwest Region	\$48,247	\$74,934	\$48,247	\$	\$	\$
052a	MO000001	Southwest Region	\$19,484	\$41,408	\$19,484	\$2,072	\$	\$
052b	MO101193	Southwest Region	\$11,728	\$24,925	\$11,728	\$1,247	\$	\$
052c	MO103389	Southwest Region	\$14,944	\$31,760	\$14,944	\$1,589	\$	\$
052d	MO901501	Southwest Region	\$187,271	\$398,001	\$187,271	\$19,915	\$	\$
053e	MO102159	Central Region	\$240,088	\$423,389	\$240,088	\$	\$	\$
053f	MO750064	Central Region	\$92,928	\$163,876	\$92,928	\$	\$	\$
055a	MO103785	Southeast Region	\$35,433	\$47,133	\$35,433	\$	\$	\$
055b	MO104593	Southeast Region	\$103,692	\$137,935	\$103,692	\$	\$	\$
055c	MO903911	Southeast Region	\$171,431	\$228,043	\$171,431	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
056d	MO101227	Southeast Region	\$96,911	\$153,136	\$96,911	\$	\$	\$
056e	MO105640	Southeast Region	\$32,521	\$51,388	\$32,521	\$	\$	\$
056f	MO301793	Southeast Region	\$505,370	\$798,568	\$505,370	\$	\$	\$
058a	MO100518	Northwest Region	\$142,472	\$143,643	\$142,472	\$	\$	\$
058b	MO100914	Northwest Region	\$186,535	\$188,069	\$186,535	\$	\$	\$
058c	MO106002	Northwest Region	\$51,407	\$51,830	\$51,407	\$	\$	\$
058d	MO301678	Northwest Region	\$	\$135,793	\$	\$	\$	\$
061d	MO750098	Central Region	\$385,625	\$674,186	\$385,625	\$623	\$	\$237,661
061e	MO106093	Central Region	\$13,085	\$22,877	\$13,085	\$21	\$	\$
061f	MO103694	Central Region	\$21,552	\$37,679	\$21,552	\$35	\$	\$
061g	MO103736	Central Region	\$16,934	\$29,605	\$16,934	\$27	\$	\$
062d	MO105475	Central Region	\$15,239	\$38,710	\$15,239	\$	\$	\$
062e	MO750056	Central Region	\$4,710	\$11,965	\$4,710	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
062f	MO902269	Central Region	\$349,837	\$444,947	\$349,837	\$	\$	\$349,837
074c	MO103348	Southwest Region	\$2,637	\$4,211	\$2,637	\$	\$	\$
082a	MO103009	Eastern Region	\$28,626	\$42,478	\$28,626	\$	\$	\$
082b	MO901592	Eastern Region	\$623,041	\$924,528	\$623,041	\$	\$	\$
082c	MO102209	Eastern Region	\$100,472	\$149,091	\$100,472	\$	\$	\$
153f	MO105715	Eastern Region	\$126,155	\$162,646	\$126,155	\$	\$	\$
153g	MO105210	Northwest Region	\$72,941	\$94,039	\$72,941	\$	\$	\$
153h	MO105046	Central Region	\$51,380	\$66,241	\$51,380	\$	\$	\$
153i	MO103900	Northwest Region	\$207,812	\$267,921	\$207,812	\$	\$	\$
153j	MO101797	Central Region	\$8,257	\$10,646	\$8,257	\$	\$	\$
153k	MO101169	Central Region	\$341,765	\$440,621	\$341,765	\$	\$	\$
153l	MO100567	Eastern Region	\$38,535	\$49,681	\$38,535	\$	\$	\$
153m	MO000025	Northwest Region	\$158,726	\$204,638	\$158,726	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grand Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
153n	MO000024	Eastern Region	\$433,515	\$558,909	\$433,515	\$	\$	\$
153o	MO103892	Northwest Region	\$46,333	\$59,735	\$46,333	\$	\$	\$
154c	MO301785	Northwest Region	\$385,948	\$535,850	\$385,948	\$	\$	\$
158d	MO903853	Southeast Region	\$293,767	\$406,405	\$293,767	\$8,217	\$	\$
158e	MO000022	Southeast Region	\$193,826	\$268,143	\$193,826	\$5,422	\$	\$
158f	MO000021	Southeast Region	\$59,173	\$81,861	\$59,173	\$1,655	\$	\$
158g	MO102571	Southeast Region	\$35,178	\$48,665	\$35,178	\$984	\$	\$
173	MO903788	Eastern Region	\$325,719	\$582,072	\$325,719	\$	\$	\$91,030
201	MO101433	Eastern Region	\$	\$	\$	\$	\$	\$
210c	MO106077	Eastern Region	\$5,429	\$59,039	\$5,429	\$	\$	\$
210d	MO101623	Eastern Region	\$20,029	\$217,790	\$20,029	\$	\$	\$
220	MO101854	Central Region	\$	\$5,194	\$	\$	\$	\$
249c	MO105426	Eastern Region	\$662	\$162,960	\$662	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
249d	MO105418	Eastern Region	\$90	\$22,289	\$90	\$	\$	\$
249e	MO102035	Eastern Region	\$1,186	\$292,239	\$1,186	\$	\$	\$
249f	MO105459	Eastern Region	\$97	\$23,775	\$97	\$	\$	\$
250c	MO105251	Northwest Region	\$17,435	\$94,010	\$17,435	\$	\$	\$
250d	MO105988	Northwest Region	\$12,070	\$65,084	\$12,070	\$	\$	\$
276	MO100849	Southwest Region	\$153,028	\$327,578	\$153,028	\$	\$	\$
300	X	Statewide	\$8,056	\$	\$8,056	\$	\$	\$
301	X	Statewide	\$15,000	\$	\$15,000	\$	\$	\$
302	X	Northwest Region	\$52,129	\$	\$52,129	\$52,129	\$	\$
303	X	Statewide	\$12,305	\$	\$12,305	\$4,113	\$	\$
304	X	Eastern Region	\$113,470	\$	\$113,470	\$113,470	\$	\$
305	X	Eastern Region	\$30,835	\$	\$30,835	\$30,835	\$	\$
306	X	Statewide	\$112,500	\$	\$112,500	\$112,500	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grant Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
307	X	Southeast Region	\$99,167	\$	\$99,167	\$99,167	\$	\$
308	X	Southeast Region	\$149,457	\$	\$149,457	\$149,457	\$	\$
309	X	Statewide	\$55,308	\$	\$55,308	\$	\$	\$
310	X	Statewide	\$47,845	\$25,621	\$47,845	\$	\$	\$
311	X	Northwest Region	\$294,441	\$	\$294,441	\$294,441	\$	\$
312	X	Southeast Region	\$1,136	\$17,327	\$1,136	\$1,136	\$	\$
313	X	Eastern Region	\$4,975	\$	\$4,975	\$	\$	\$
314	X	Eastern Region	\$68,508	\$	\$68,508	\$68,508	\$	\$
315	X	Statewide	\$503,927	\$	\$503,927	\$441,127	\$	\$
316	X	Statewide	\$168,366	\$	\$168,366	\$	\$	\$
317	X	Statewide	\$49,265	\$	\$49,265	\$49,265	\$	\$
318	X	Statewide	\$	\$18,500	\$	\$	\$	\$
319	X	Statewide	\$	\$44,616	\$	\$	\$	\$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2001	5. State Funds	6. SAPT Block Grand Funds for AOD Treatment Services	7. SAPT Block Grant Funds for Prevention	8. HIV Set-Aside (if applicable)	9. SAPT Block Grant Funds for Women Services
320	X	Southwest Region	\$	\$103,961	\$	\$	\$	\$
321	X	Southwest Region	\$	\$18,509	\$	\$	\$	\$
322	X	Northwest Region	\$	\$84,737	\$	\$	\$	\$
323	X	Southeast Region	\$	\$4,828	\$	\$	\$	\$
TOTAL	TOTAL	TOTAL	\$23,905,027	\$27,574,313	\$23,905,027	\$5,033,395	\$	\$2,680,863

PROVIDER ADDRESS TABLE

State:
Missouri

Provider ID	Description	Provider Address
008	Central Office	
152	Natl Council on Alcoholism and Drug Abus	8790 Manchester Road, St. Louis, MO, 63144, 314-962-3456,
171	Natl Council on Alc and Drug Abuse GR KC	633 East 63rd Street, Suite 511, Kansas City, MO, 64110, 816-361-5900,
185	Tri County MH Services	3100 NE 83rd Street, Suite 1001, Kansas City, MO, 64119, 816-468-0400,
208	Liberty Programs The	929 Fee Fee Road, Suite 203, Maryland Heights, MO, 63043, 314-434-9441,
209	Safety Council of the Ozarks	1111 S. Glenstone, Springfield, MO, 65804, 417-869-2121,
211	Affiliated Court Servies	8 W 6th., Fulton, MO, 65251, 5736428056,
216	Caarec	326 Cherry, Chillicothe, MO, 64601, 660-646-1652,
217	Central States MH Cons	3217 S. Owens School Road, Independence, MO, 64057, 816-224-4417,
219	County Court Services	280 S. Memorial Drive, Independence, MO, 64050, 816-836-3677,
226	Northland Dependency Services	26 S. Gallatin, Liberty, MO, 64068, 816-455-7736,
227	Safety Council of Gr Stl	1015 Locust St., Suite 902, St. Louis, MO, 63101, 314-621-9200,
231	Traffic Safety Awareness Prog	PO Box 575, Linn Creek, MO, 65052, 573-346-3829,
247	Northside Community Center	4120 Maffitt, St. Louis, MO, 63113, 314-531-4161,
248	FriendsWith A Better Plan	5622 Delmar, Suite 108 E, St. Louis, MO, 63112, 314-361-2371,
252	Accredited Traffic Offenders	1515 E. Malone, Sikeston, MO, 63801, 573-471-7710,
264	Door To Hope	PO Box 15, Galena, MO, 65656-0015, 417-357-6263,
267	MO Association for Community Task Force	1648-B East Elm Street, Jefferson City, MO, 65101, 573-635-6669,
268	City STL Mental Health Board	4144 Lindell Blvd., St. Louis, MO, 63108, 314-535-6964,

Provider ID	Description	Provider Address
273	MO State Dept Economic Develop	PO Box 1087, Jefferson City, MO, 65102, 573-751-4750,
274	Alcohol Drug Consultants	1736 E. Sunshine, Ste. 214, Springfield, MO, 65804, 417-848-4565,
301	City of St Louis	
302	Community Housing Network	
300	Community Alternatives	3738 Chouteau Ave., Ste. 200, St. Louis, MO, 63110, 314-772-8801,
301	Community Housing Network	2211 Charlotte, Felix Bldg Lower Level 33, Kansas City, MO, 64108, 816-512-4444,
302	Community Movement	3330 Troost Ave., Kansas City, MO, 64109, 816-842-8515,
303	Covington & Burling	1201 Pennsylvania Ave., NW, Washington, MO, 20044, 202-662-5410,
304	Friends with a Better Plan	5622 Delmar, Suite 102E, St. Louis, MO, 63112, 314-361-2371,
305	IAM Cares	230 S Bemiston, Suite 1006, St. Louis, MO, 63105, 314-721-8116,
306	L.E.A.D. Institute	311 Bernadette Drive, Columbia, MO, 65203, 573-817-2400,
307	Lincoln University	Po Box 29, 306 Young Hall, Jefferson City, MO, 65102, 573-681-5058,
308	Mississippi Co 33rd Circuit Ct	PO Box 369, Charleston, MO, 63834, 573-683-2146,
309	Missouri Alliance for Children	724 Heisinger Road, Jefferson City, MO, 65109-4771, 573-556-8090,
310	Missouri Housing Development	3435 Broadway, Kansas City, MO, 64111, 816-759-6600,
311	MO Alliance of Boys/Girls Club	6301 Rockhill Rd., Ste. 303, Kansas City, MO, 64131, 816-361-3600,
312	Prevention Consultants of MO	713 Salem Ave., Rolla, MO, 65401, 573-368-4755,
313	Smart, Michelle	8436 Roanoke Drive, St. Louis, MO, 63121, 573-751-8488,
314	St. Louis Department of Health	PO Box 14702, 634 N Grand, St. Louis, MO, 63178, 314-658-1140,

Provider ID	Description	Provider Address
315	University of MO-Columbia	Office Sponsored Prog, 310 Jesse Hall, Columbia, MO, 65211, 573-882-7560,
316	University of MO-Kansas City	5100 Rockhill Rd, 350 Admin Center, Kansas City, MO, 64110, 816-235-1445,
317	William Woods University	One University Ave., Fulton, MO, 65251-1098, 573-592-1127,
318	City of St. Louis Police Department	[NO ADDRESS PROVIDED]
319	MO State Courts Administrator	2112 Industrial, PO Box 104480, Jefferson City, MO, 65102, 573-751-4377,
320	United Way of the Ozarks	320 N Jefferson, Springfield, MO, 65806-1109, 417-863-7700,
321	Ozarks Area Community Action	215 S Barnes Avenue, Springfield, MO, 65802-2204, 417-862-4314,
322	Save, Inc.	PO Box 45301, Kansas City, MO, 64171, 816-531-8340,
323	Southeast MO University	One University Ave., Cape Girardeau, MO, 63701, 573-651-2196,

Form 6a: Risk - Strategies

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Substance Abusers [1]	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Mentors [15]	0
	Preschool ATOD prevention programs [16]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Community team-building [44]	0
Pregnant Women / Teens [2]	Clearinghouse/information resources centers [1]	0
	Media campaigns [3]	0
	Brochures [4]	0
	Speaking engagements [6]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Peer leader/helper programs [13]	0
	Education programs for youth groups [14]	0
	Mentors [15]	0
	Drug free dances and parties [21]	0
	Youth/adult leadership activities [22]	0
	Recreation activities [26]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Community team-building [44]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Pregnant Women / Teens [2]	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
Drop-Outs [3]	Clearinghouse/information resources centers [1]	0
	Resources directories [2]	0
	Media campaigns [3]	0
	Information lines/Hot lines [8]	0
	Peer leader/helper programs [13]	0
	Education programs for youth groups [14]	0
	Mentors [15]	0
	Drug free dances and parties [21]	0
	Community service activities [24]	0
	Recreation activities [26]	0
	Student Assistance Programs [32]	0
	Community team-building [44]	0
	Accessing services and funding [45]	0
Violent and Delinquent Behavior [4]	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Peer leader/helper programs [13]	0
	Education programs for youth groups [14]	0
	Mentors [15]	0
	Drug free dances and parties [21]	0
	Community service activities [24]	0
	Recreation activities [26]	0

Form 6a: Risk - Strategies (...continued)

State:

Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Violent and Delinquent Behavior [4]	Driving while under the influence/driving while intoxicated education programs [33]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Accessing services and funding [45]	0
Economically Disadvantaged [6]	Resources directories [2]	0
	Media campaigns [3]	0
	Brochures [4]	0
	Speaking engagements [6]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Information lines/Hot lines [8]	0
	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Education programs for youth groups [14]	0
	Mentors [15]	0
	Drug free dances and parties [21]	0
	Youth/adult leadership activities [22]	0
	Recreation activities [26]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Systematic planning [42]	0
	Community team-building [44]	0
	Accessing services and funding [45]	0
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	0

Form 6a: Risk - Strategies (...continued)

State:

Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Already Using Substances [9]	Resources directories [2]	0
	Media campaigns [3]	0
	Brochures [4]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Information lines/Hot lines [8]	0
	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Peer leader/helper programs [13]	0
	Education programs for youth groups [14]	0
	Mentors [15]	0
	Drug free dances and parties [21]	0
	Youth/adult leadership activities [22]	0
	Community service activities [24]	0
	Recreation activities [26]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Community team-building [44]	0
	Accessing services and funding [45]	0
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	0

TREATMENT UTILIZATION MATRIX

State:
Missouri

Substate Planning Area [1]:
Northwest Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	6	2	\$1,008	7	3	\$1,008	10	4	\$1,008	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	580	218	\$809	699	262	\$809	1,029	386	\$809	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	138	52	\$1,825	166	62	\$1,825	244	92	\$1,825	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	80	30	\$1,053	97	36	\$1,053	142	53	\$1,053	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	1,587	595	\$863	1,909	717	\$863	2,814	1,055	\$863	<input checked="" type="checkbox"/>
8. Intensive Outpatient	317	119	\$1,513	381	143	\$1,513	561	211	\$1,513	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT UTILIZATION MATRIX

State:
Missouri

Substate Planning Area [3]:
Eastern Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	5	2	\$1,995	6	2	\$1,995	8	3	\$1,995	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	654	245	\$1,072	787	295	\$1,072	1,160	435	\$1,072	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)			\$			\$			\$	<input type="checkbox"/>
7. Outpatient (Non-Methadone)	2,350	881	\$849	2,828	1,060	\$849	4,168	1,563	\$849	<input checked="" type="checkbox"/>
8. Intensive Outpatient	315	118	\$1,788	379	142	\$1,788	557	209	\$1,788	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT UTILIZATION MATRIX

State:
Missouri

Substate Planning Area [4]:
Southwest Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	35	13	\$3,681	42	16	\$3,681	62	23	\$3,681	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	429	161	\$1,094	517	194	\$1,094	762	286	\$1,094	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	120	45	\$1,607	145	54	\$1,607	214	80	\$1,607	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	163	61	\$1,097	197	74	\$1,097	290	109	\$1,097	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	2,596	974	\$867	3,125	1,172	\$867	4,606	1,727	\$867	<input checked="" type="checkbox"/>
8. Intensive Outpatient	737	276	\$1,207	887	333	\$1,207	1,307	490	\$1,207	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT UTILIZATION MATRIX

State:
Missouri

Substate Planning Area [5]:
Southeast Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	5	2	\$1,185	7	2	\$1,185	10	4	\$1,185	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	451	169	\$820	543	204	\$820	801	300	\$820	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)			\$			\$			\$	<input type="checkbox"/>
7. Outpatient (Non-Methadone)	1,255	471	\$828	1,510	566	\$828	2,226	835	\$828	<input checked="" type="checkbox"/>
8. Intensive Outpatient	376	141	\$1,478	452	170	\$1,478	666	250	\$1,478	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT UTILIZATION MATRIX

State:
Missouri

Substate Planning Area [95]:
State Total

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	59	22	\$3,031	72	27	\$3,031	104	39	\$3,031	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	2,758	1,035	\$943	3,321	1,246	\$943	4,895	1,835	\$943	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	258	97	\$1,723	311	116	\$1,723	458	172	\$1,723	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	243	91	\$1,083	294	110	\$1,083	432	162	\$1,083	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	9,541	3,578	\$825	11,482	4,306	\$825	16,924	6,346	\$825	<input checked="" type="checkbox"/>
8. Intensive Outpatient	2,213	830	\$1,506	2,663	999	\$1,506	3,922	1,472	\$1,506	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

SSA (MOE Table I)

Total Single State Agency (SSA) Expenditures for Substance Abuse (Table I)

State:
Missouri

PERIOD (A)	EXPENDITURES (B)	B1(2001) + B2(2002) / 2 (C)
SFY 2001 (1)	\$35,392,144	
SFY 2002 (2)	\$36,076,753	\$35,734,448
SFY 2003 (3)	\$36,295,542	

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

☐ Yes ☒ No If yes, specify the amount

Did the State include funds in previous year MOE calculations? ☐ Yes ☒ No

Please describe in no more than three paragraphs for what purpose these funds will be used and attach supporting source documentation in the appendix (e.g., State legislation, budget act language, memoranda of understanding).

SSA (MOE Table I) Footnotes

SFY2002 updated to actual expenditures = 36,080,272

TB (MOE Table II)

State:
Missouri

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment (Table II)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B) (C)	Average of Columns C1 and C2 C1 + C2 / 2 MOE BASE (D)
SFY 1991 (1)	\$140,610	17.6%	\$24,747	
SFY 1992 (2)	\$190,559	17.6%	\$33,538	\$29,142

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B) (C)
SFY 2002 (3)	\$1,239,388	22.04%	\$273,161
SFY 2003 (4)	\$924,950	26.69%	\$246,869

HIV (MOE Table III)

State:
Missouri

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Table III)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)	Average of Columns A1 and A2 $A1 + A2 / 2$ MOE BASE (B)
SFY1991 (1)	\$298,242	
SFY1992 (2)	\$304,625	\$301,433

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)
SFY 2002 (3)	\$615,000
SFY 2003 (4)	\$1,465,000

* Provided to substance abusers at the site at which they receive substance abuse treatment

HIV (MOE Table III) Footnotes

\$615,000 figure for SFY 2002 Maintenance provided in FY 2003 BG Application was an estimate. Actual SFY 2002 Maintenance was \$1,710,213.

Base calculated using SFY 1993 and SFY 1994 HIV state expenditure information.

Womens (MOE TABLE IV)

State:
Missouri

Expenditures for Services to Pregnant Women and Women with Dependent Children (Table IV)

(MAINTENANCE TABLE)

PERIOD	Total Women's BASE (A)	Total Expenditures (B)
1994	\$7,728,020	
2001		\$8,834,119
2002		\$8,768,522
2003		\$9,198,778

Womens (MOE TABLE IV) Footnotes

*FY02 Updated to actual = 9,605,755

State:
Missouri

Planning Checklist

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FFY 2004 Block Grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

- 3 Population levels, Specify formula: Census 2000
- 2 Incidence and prevalence levels
- 3 Problem levels as estimated by alcohol/drug-related crime statistics
- 4 Problem levels as estimated by alcohol/drug-related health statistics
- 2 Problem levels as estimated by social indicator data
- 4 Problem levels as estimated by expert opinion
- 1 Resource levels as determined by (specific method) existing services funding
- 2 Size of gaps between resources (as measured by) number served
and needs (as estimated by) STNAP
- Other (specify):

Treatment Needs Assessment Summary Matrix

State:	Calendar Year:
Missouri	2001

1.	2.	3. Total Population in		4. Number of IVDUs in		5. Number of women in		6. Prevalends of substance-related			7. Incidence of communicable		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Northwest Region	1,367,125	119,290	4,832	3,498	185	30,094	1,179	9,551	13,509	72	3	7	2

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Central Region	747,226	68,263	2,838	1,139	60	17,207	692	5,235	4,110	280	1	3	2

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Eastern Region	2,014,782	190,907	7,980	5,881	311	64,851	2,837	9,640	15,236	13	2	11	3

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Southwest Region	823,771	63,260	2,484	1,182	62	16,186	615	7,149	4,766	41	3	2	3

Treatment Needs Assessment Summary Matrix

State:	Calendar Year:
Missouri	2001

1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalends of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Southeast Region	676,803	50,704	1,866	292	15	12,958	458	4,554	5,202	6	4	2	3

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: BWI	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
State Total	5,629,707	492,425	20,000	11,987	634	141,296	5,781	36,129	42,823	412	2	6	3

Treatment Needs by Age, Sex, and Race/Ethnicity

State:

Missouri

Substate Planning Area [1]:

Northwest Region

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	4,172	0	0	0	0	0	0	0	0	0	0	0	0	3,004	1,168	0	0	0	0
3. 15-17	23,668	0	0	0	0	0	0	0	0	0	0	0	0	17,041	6,627	0	0	0	0
4. 18-24	24,711	17,353	5,449	0	0	0	0	0	0	0	0	0	0	1,433	476	0	0	0	0
5. 25-44	50,508	35,577	10,996	0	0	0	0	0	0	0	0	0	0	2,965	970	0	0	0	0
6. 45-64	10,641	7,008	2,875	0	0	0	0	0	0	0	0	0	0	527	231	0	0	0	0
7. 65 and over	5,557	3,960	1,204	0	0	0	0	0	0	0	0	0	0	296	97	0	0	0	0
8. Total	119,257	63,898	20,524											25,266	9,569				

Treatment Needs by Age, Sex, and Race/Ethnicity

State:

Missouri

Substate Planning Area [2]:

Central Region

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	2,193	0	0	0	0	0	0	0	0	0	0	0	0	1,576	617	0	0	0	0
3. 15-17	12,440	0	0	0	0	0	0	0	0	0	0	0	0	8,943	3,497	0	0	0	0
4. 18-24	12,459	8,749	2,747	0	0	0	0	0	0	0	0	0	0	723	240	0	0	0	0
5. 25-44	32,579	22,948	7,093	0	0	0	0	0	0	0	0	0	0	1,912	626	0	0	0	0
6. 45-64	6,269	4,129	1,694	0	0	0	0	0	0	0	0	0	0	310	136	0	0	0	0
7. 65 and over	2,380	1,696	516	0	0	0	0	0	0	0	0	0	0	127	41	0	0	0	0
8. Total	68,320	37,522	12,050											13,591	5,157				

Treatment Needs by Age, Sex, and Race/Ethnicity

State:

Missouri

Substate Planning Area [3]:

Eastern Region

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	5,985	0	0	0	0	0	0	0	0	0	0	0	0	4,309	1,676	0	0	0	0
3. 15-17	33,958	0	0	0	0	0	0	0	0	0	0	0	0	24,450	9,508	0	0	0	0
4. 18-24	20,001	11,092	6,118	0	0	0	0	0	0	0	0	0	0	1,799	992	0	0	0	0
5. 25-44	94,087	52,178	28,780	0	0	0	0	0	0	0	0	0	0	8,462	4,667	0	0	0	0
6. 45-64	28,312	15,701	8,660	0	0	0	0	0	0	0	0	0	0	2,546	1,405	0	0	0	0
7. 65 and over	8,564	4,749	2,620	0	0	0	0	0	0	0	0	0	0	770	425	0	0	0	0
8. Total	190,907	83,720	46,178											42,336	18,673				

Treatment Needs by Age, Sex, and Race/Ethnicity

State:

Missouri

Substate Planning Area [4]:

Southwest Region

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	2,437	0	0	0	0	0	0	0	0	0	0	0	0	1,756	681	0	0	0	0
3. 15-17	13,828	0	0	0	0	0	0	0	0	0	0	0	0	9,966	3,862	0	0	0	0
4. 18-24	8,987	6,311	1,982	0	0	0	0	0	0	0	0	0	0	521	173	0	0	0	0
5. 25-44	26,623	18,753	5,796	0	0	0	0	0	0	0	0	0	0	1,563	511	0	0	0	0
6. 45-64	8,951	5,895	2,418	0	0	0	0	0	0	0	0	0	0	443	195	0	0	0	0
7. 65 and over	2,426	1,729	526	0	0	0	0	0	0	0	0	0	0	129	42	0	0	0	0
8. Total	63,252	32,688	10,722											14,378	5,464				

Treatment Needs by Age, Sex, and Race/Ethnicity

State:
Missouri

Substate Planning Area [5]:
Southeast Region

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	2,306	0	0	0	0	0	0	0	0	0	0	0	0	1,661	645	0	0	0	0
3. 15-17	13,080	0	0	0	0	0	0	0	0	0	0	0	0	9,422	3,658	0	0	0	0
4. 18-24	9,089	6,383	2,004	0	0	0	0	0	0	0	0	0	0	527	175	0	0	0	0
5. 25-44	17,558	12,367	3,823	0	0	0	0	0	0	0	0	0	0	1,031	337	0	0	0	0
6. 45-64	4,999	3,292	1,350	0	0	0	0	0	0	0	0	0	0	248	109	0	0	0	0
7. 65 and over	3,659	2,607	793	0	0	0	0	0	0	0	0	0	0	195	64	0	0	0	0
8. Total	50,691	24,649	7,970											13,084	4,988				

Treatment Needs by Age, Sex, and Race/Ethnicity

State:

Missouri

Substate Planning Area [95]:

State Total

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS / UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	17,092	0	0	0	0	0	0	0	0	0	0	0	0	12,306	4,786	0	0	0	0
3. 15-17	96,975	0	0	0	0	0	0	0	0	0	0	0	0	69,822	27,153	0	0	0	0
4. 18-24	75,247	49,887	18,300	0	0	0	0	0	0	0	0	0	0	5,003	2,057	0	0	0	0
5. 25-44	221,357	141,824	56,488	0	0	0	0	0	0	0	0	0	0	15,933	7,112	0	0	0	0
6. 45-64	59,171	36,024	16,997	0	0	0	0	0	0	0	0	0	0	4,074	2,076	0	0	0	0
7. 65 and over	22,583	14,740	5,658	0	0	0	0	0	0	0	0	0	0	1,516	669	0	0	0	0
8. Total	492,425	242,475	97,443											108,654	43,853				

STATE USE OF NEEDS ASSESSMENT INFORMATION

State:
Missouri

Dates of your State expenditure period:
from 7/1/2001 to 6/30/2002

1. Did your State use the State Treatment Needs Assessment Program (STNAP) data on the following forms:
IF 'NO' PLEASE RESPOND TO 1a BELOW:

Form 8 ☒ Yes ☐ No

Form 9 ☒ Yes ☐ No

- 1a. If STNAP data was not used what data sources(s) did you use on Forms 8 and 9:
(Mark all that apply)

Form 8

☐ State generated data set

☐ Other please specify:

Form 9

☐ State generated data set

☐ Other please specify:

2. Does the State use the State Treatment Needs Assessment Program (STNAP) data
for any of the following activities?

(Mark all that apply)

☒ Allocate new funding resource

☒ Allocate historical funding resources e.g. continued funding of existing providers

☒ Services planning

☒ Legislative initiatives

☒ Public information/education

☐ STNAP data not used for any of the above. Skip to item 6

☐ Other, specify

3. Has the State developed a formal model to allocate funding resources?

☐ Yes -- go to 3a

☒ No -- Skip to 5

3a. Please explain the model, including assumptions and statistical methods.

4. Does the State use the model to allocate resources to any of the following?
(Mark all that apply)

- ☐ All Substate Planning Areas
- ☐ Special Populations
- ☐ Other, specify

5. How does the State allocate funding resources?
(Mark only one)

- ☐ Population size in each Substate Planning Area
- ☐ Geographically regardless of population size
- ☐ Historical funding patterns
- ☒ Other, specify

Combination of above items.

6. For what reason are the STNAP data NOT used to allocate funding resources?
(Mark only one)

- ☐ Final data not yet available
- ☐ Data are not reliable
- ☐ Funding levels are mandated by statute
- ☒ Other, specify

used in combination with other state data

Form 11 Supplement

State:
Missouri

The amount the State plans to expend for substance abuse prevention and treatment activities. \$25065191

The amount the State plans to expend for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A {1994}): \$8768522

State:
Missouri

INTENDED USE PLAN

(Include ONLY Funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form)

Activity (see instructions for using Row 1)	A. FFY 2004 SAPT Block Grant	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	\$19,788,309	\$34,202,706	\$561,428	\$50,863,140	\$0	\$0
2. Primary Prevention	\$5,276,882		\$3,963,384	\$619,936	\$0	\$0
3. Tuberculosis Services	\$0	\$299,486	\$0	\$245,124	\$0	\$0
4. HIV Early Intervention Services	\$0	\$562,160	\$0	\$3,420,426	\$0	\$0
5. Administration (excluding program/provider level)	\$1,319,221		\$2,404,282	\$3,489,680	\$0	\$0
6. Column Total	\$26,384,412	\$35,064,352	\$6,929,094	\$58,638,306	\$	\$

Primary Prevention Planned Expenditures Checklist

State:
Missouri

	Block Grant FFY 2004	Other Federal	State	Local	Other
Information Dissemination	\$712725	\$1323924	\$155318	\$0	\$0
Education	\$1328611	\$1362124	\$37970	\$0	\$0
Alternatives	\$763508	\$108138	\$3734	\$0	\$0
Problem Identification & Referral	\$23587	\$108138	\$2858	\$0	\$0
Community-Based Process	\$1099473	\$358138	\$375820	\$0	\$0
Environmental	\$355287	\$358138	\$2818	\$0	\$0
Other	\$417628	\$344784	\$4418	\$0	\$0
Section 1926 - Tobacco	\$576063	\$0	\$37000	\$0	\$0
TOTAL	\$5,276,882	\$3,963,384	\$619,936	\$	\$

Expenditures on Resource Development Activities

State:
Missouri

Does your State plan to fund resource development activities with FFY 2004 funds?

☒ Yes ☐ No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	\$0	\$300000	\$300000
Quality Assurance	\$0	\$0	\$0
Training (post-employment)	\$0	\$50000	\$50000
Education (pre-employment)	\$0	\$0	\$0
Program Development	\$40000	\$0	\$40000
Research and Evaluation	\$0	\$450000	\$450000
Information Systems	\$0	\$0	\$0
TOTAL	\$40,000	\$800,000	\$840,000

TREATMENT CAPACITY MATRIX

State:
Missouri

Substate Planning Area [1]:
Northwest Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	12	4	\$1,008	14	6	\$1,008	20	8	\$1,008	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	1,160	436	\$809	1,398	524	\$809	2,058	772	\$809	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	276	104	\$1,825	332	124	\$1,825	488	184	\$1,825	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	160	60	\$1,053	194	72	\$1,053	284	106	\$1,053	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	3,174	1,190	\$863	3,818	1,434	\$863	5,628	2,110	\$863	<input checked="" type="checkbox"/>
8. Intensive Outpatient	634	238	\$1,513	762	286	\$1,513	1,122	422	\$1,513	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT CAPACITY MATRIX

State:
Missouri

Substate Planning Area [3]:
Eastern Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	10	4	\$1,995	12	4	\$195	16	6	\$1,995	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	1,308	490	\$1,072	1,574	590	\$1,072	2,320	870	\$1,072	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)			\$			\$			\$	<input type="checkbox"/>
7. Outpatient (Non-Methadone)	4,700	1,762	\$849	5,656	2,120	\$849	8,336	3,126	\$849	<input checked="" type="checkbox"/>
8. Intensive Outpatient	630	236	\$1,788	758	284	\$1,788	1,114	418	\$1,788	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT CAPACITY MATRIX

State:
Missouri

Substate Planning Area [4]:
Southwest Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	70	26	\$3,681	84	32	\$3,681	124	46	\$3,681	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	858	322	\$1,094	1,034	388	\$1,094	1,524	572	\$1,094	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	240	90	\$1,607	290	108	\$1,607	428	320	\$1,607	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	326	122	\$1,097	394	148	\$1,097	580	218	\$1,097	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	5,192	1,948	\$867	6,250	2,344	\$867	9,212	3,454	\$867	<input checked="" type="checkbox"/>
8. Intensive Outpatient	1,474	552	\$1,207	1,774	666	\$1,207	2,614	980	\$1,207	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT CAPACITY MATRIX

State:
Missouri

Substate Planning Area [5]:
Southeast Region

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	10	4	\$1,185	14	4	\$1,185	20	8	\$1,185	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	902	338	\$820	1,086	408	\$820	1,602	600	\$820	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)			\$			\$			\$	<input type="checkbox"/>
7. Outpatient (Non-Methadone)	2,510	942	\$828	3,020	1,132	\$828	4,452	1,670	\$828	<input checked="" type="checkbox"/>
8. Intensive Outpatient	752	282	\$1,478	904	340	\$1,478	1,332	500	\$1,478	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

TREATMENT CAPACITY MATRIX

State:	Substate Planning Area [95]:
Missouri	State Total

Type of Care	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
Detoxification (24 hour Care)	A. Number of admissions	B. Number of first-time admissions	C. Average cost per person	D. Number of Admissions	E. Number of first-time admissions	F. Average cost per admission	G. Number of admissions	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
1. Hospital Inpatient	118	44	\$3,031	144	54	\$3,031	208	78	\$3,031	<input checked="" type="checkbox"/>
2. Free-standing Residential			\$			\$			\$	<input type="checkbox"/>
Rehabilitation / Residential	A. Number of people served	B. Number of first-time admissions	C. Average cost per person	D. Number of people served	E. Number of first-time admissions	F. Average cost per admission	G. Number of people served	H. Number of first-time admissions	I. Average cost per admission	J. (yes if checked)
3. Hospital Inpatient (Rehabilitation)			\$			\$			\$	<input type="checkbox"/>
4. Short-term (up to 30 days)	5,516	2,070	\$943	6,642	2,492	\$943	9,790	3,670	\$943	<input checked="" type="checkbox"/>
5. Long-term (over to 30 days)	516	194	\$1,723	622	232	\$1,723	916	504	\$1,723	<input checked="" type="checkbox"/>
Rehabilitation / Ambulatory										
6. Outpatient (Methadone)	486	182	\$1,083	588	220	\$1,083	864	324	\$1,083	<input checked="" type="checkbox"/>
7. Outpatient (Non-Methadone)	19,082	7,156	\$825	22,964	8,612	\$825	33,848	12,692	\$825	<input checked="" type="checkbox"/>
8. Intensive Outpatient	4,426	1,660	\$1,506	5,326	1,998	\$1,506	7,844	2,944	\$1,506	<input checked="" type="checkbox"/>
9. Detoxification (Outpatient)			\$			\$			\$	<input type="checkbox"/>

State:
Missouri

Purchasing Services

This item requires completing two checklists

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FFY 2004 block grant award.

Check all that apply.

- ☒ Competitive grants or contracts
 - ☒ Non-competitive grants or contracts
 - ☐ Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate
 - ☐ According to county or regional priorities
-

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State will decide what price it will pay.

Check all that apply.

- ☐ Line item program budget
- ☐ Price per slot

Rate:	Type of slot:
Rate:	Type of slot:
Rate:	Type of slot:
- ☒ Price per unit of service

Unit: 43.40	Rate:
Unit: 15.56	Rate:
Unit: 138.30	Rate:
- ☐ Per capita allocation (Formula):
- ☐ Price per episode of care:

Rate:	Diagnostic Group:
Rate:	Diagnostic Group:
Rate:	Diagnostic Group:

State:
Missouri

Program Performance Monitoring

- ☐ On-site inspections
(Frequency for treatment:)
(Frequency for prevention:) Annually
- ☐ Activity Reports
(Frequency for treatment:)
(Frequency for prevention:) Monthly
- ☐ Management information System
- ☐ Patient/participant data reporting system
(Frequency for treatment:)
(Frequency for prevention:) Monthly
- ☐ Performance Contracts
- ☐ Cost reports
- ☐ Independent Peer Review
- ☐ Licensure standards - programs and facilities
(Frequency for treatment:)
(Frequency for prevention:) Every 2 years
- ☐ Licensure standards - personnel
(Frequency for treatment:)
(Frequency for prevention:) Every 2 years
- ☐ Other (Specify):

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

NUMBER OF PERSONS SERVED
unduplicated count of persons served in
SAPT Block Grant
Funded Services

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	2,939	1,756	1,928	1,131	877	529	3		5	4	9	15	36	28	81	49	2,869	1,718	70	38
18 - 24	4,725	1,907	3,534	1,474	1,084	378	10	3	12	8	14	10	18	11	53	23	4,663	1,872	62	35
25 - 34	5,731	3,276	4,066	2,367	1,550	844	7	2	7	6	34	19	10	6	57	32	5,658	3,221	73	55
35 - 44	6,407	3,782	4,234	2,365	2,063	1,361	4	1	8	7	34	25	6		58	23	6,336	3,748	71	34
45 - 64	3,727	1,427	2,283	887	1,381	519	2	3	3	4	21	6	1	1	36	7	3,671	1,413	56	14
65+	88	21	61	14	24	7	1						1		1		88	21		
Sub Total	23,617	12,169	16,106	8,238	6,979	3,638	27	9	35	29	112	75	72	46	286	134	23,285	11,993	332	176
Total	35,786		24,344		10,617		36		64		187		118		420		35,278		508	

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

EMPLOYMENT STATUS
(PERCENT CHANGE IN EMPLOYMENT)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	39.13	64.29	30.95	61.54	100	100	0	0	0	0	0	0	0	0	0	0	35.56	69.23	200	0
18 - 24	1.05	6.54	-.85	8.67	24	-20	0	0	0	0	-33.33	0	50	0	5.26	0	1.07	6.16	0	33.33
25 - 34	1.54	19.37	2.17	12.31	-2.38	51.92	-50	0	0	0	12.5	0	0	0	0	0	3.43	17.24	7.32	0
35 - 44	3.54	17.03	2.39	9.73	11.5	52.94	0	0	0	0	12.5	0	0	0	0	0	3.43	17.24	7.32	0
45 - 64	2.61	12.94	2.98	6.06	3.16	41.18	0	0	0	0	-20	0	0	0	-11.11	0	3.01	12.5	-13.64	50
65+	-5.56	0	0	-6.67	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	2.59	15.56	1.96	10.31	7.74	44.12	-12.5	0	0	33.33	0	200	16.67	0	0	0	2.64	15.61	.74	11.76
Total	4.96		3.48		15.7		-11.11		8.33		9.09		14.29		0		5.04		1.96	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

[illegible]

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☐ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☒ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

CRIMINAL ACTIVITY
(PERCENT CHANGE IN ARRESTS)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-91.11	-58.99	-90.03	-54.2	0	-82.22	0	0	0	0	0	0	-75	-63.64	-87.21	0	-91.66	-58.4	-61.9	-73.3
18 - 24	-92.3	-97.76	-92.45	-97.91	-91.36	-97.89	0	0	0	0	0	0	0	0	-88.89	-78.95	-92.3	-97.98	-92.37	-50
25 - 34	-96.59	-94.78	-97.68	-94.86	-92.02	-94.29	0	0	0	0	0	0	0	0	-97.44	0	-96.54	-94.85	0	-88.6
35 - 44	-93.59	-95.53	-93.48	-93.26	-93.56	-99.71	0	0	0	0	0	0	0	0	0	0	-93.49	-95.48	0	0
45 - 64	-96.78	-77.09	-97.97	-60.18	-93.57	0	0	0	0	0	0	0	0	0	0	0	-96.75	-76.93	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	-94.75	-92.24	-95.15	-90.03	-93.02	-97.96	0	0	0	0	0	0	-94.37	-76.47	-96.46	-92.31	-94.71	-92.28	-97.19	-89.1
Total	-94.21		-94.12		-94.3		0		0		0		-90.99		-96.03		0		-95.88	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☒ Other: Arrests at admission = (arrest in 2 years prior)/4

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

ALCOHOL USE
(PERCENT CHANGE IN ALCOHOL USE)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-59.39	-72.19	-56.99	-71.22	-86.46	-92	0	0	0	0	0	0	-12.5	-33.33	-51.52	0	-58.88	-72.23	-73.33	-76.6
18 - 24	-64.36	-67.45	-66.06	-71.87	-50.26	-48.89	0	0	-80	0	-75	0	-92.59	0	-87.95	0	-64.18	-66.71	-71.04	0
25 - 34	-61.93	-61.92	-62.84	-66.1	-58.55	-58.97	0	0	-16.67	350	-37.5	0	0	0	-69.67	20	-62.16	-63.57	-45.12	10.4
35 - 44	-65.78	-67.45	-66.08	-67.21	-65.41	-67.73	0	0	0	0	-69.81	-57.14	0	0	-50.56	-69.23	-65.78	-67.29	-66.04	0
45 - 64	-60.81	-54.83	-62.69	-56.56	-57.58	-54.8	0	0	0	0	-50.79	-75	0	0	-38.5	0	-60.99	-55.54	-47.83	-22.5
65+	-64.67	-60	-59.6	0	-85.71	0	0	0	0	0	0	0	0	0	0	0	-64.67	-60	0	0
Sub Total	-63.29	-63.9	-64.14	-65.62	-61.29	-63.3	-57.14	0	-28.57	63.64	-59.92	-64.71	-56.9	-33.33	-56.97	-85	-63.35	-64.32	-59.59	-33.8
Total	-63.45		-64.49		-61.86		-86.36		7.02		-60.51		-53.74		-42.19		-63.59		-54.24	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

MARIJUANA USE
(PERCENT CHANGE IN MARIJUANA USE)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-58.06	-69.42	-59.81	-74.28	-46.65	-40.13	0	0	0	66.67	0	0	-47.13	-85.71	-74.79	-66.67	-57.2	-69.13	-85.19	0
18 - 24	-68.97	-63.87	-72.04	-66.65	-56.91	-47.54	-93.75	0	300	0	-80	0	-50	0	-93.42	0	-69.05	-64.36	-64.91	-25
25 - 34	-61	-62.52	-62.63	-65.82	-58.19	-54.47	0	0	0	0	7.14	0	0	0	1500	0	-61.16	-62.42	-41.41	-88.8
35 - 44	-60.16	-60.76	-63.97	-64.9	-47.62	-51.86	0	0	0	0	-95.31	0	0	0	0	0	-60.24	-60.23	-51.61	-92.1
45 - 64	-63.84	-74.25	-71.2	-66.8	-48.1	-90.45	0	0	0	0	0	0	0	0	0	0	-63.9	-74.25	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	-63.06	-64.42	-65.88	-67.9	-53.83	-52.92	-93.75	0	-75	122.22	-48.48	0	-54.14	-94.74	-76.52	-45	-63	-64.33	-66.85	-73.7
Total	-63.44		-66.48		-53.59		-96.88		111.97		-54.05		-63.16		-75.48		-63.37		-68.2	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

COCAINE USE
(PERCENT CHANGE IN COCAINE USE)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-40.74	-89.09	-57.89	-89.09	0	0	0	0	0	0	0	0	87.5	0	0	0	-44.27	-89.09	0	0
18 - 24	-50.29	-62.07	-45.02	-62.67	-58.85	-64.06	0	0	0	0	0	0	0	0	0	0	-48.76	-61.09	0	0
25 - 34	-60.51	-56.22	-58.07	-53.57	-62.08	-59.72	0	0	-64.44	0	0	0	0	0	-65.91	6.45	-60.17	-57.04	-72.73	-23.6
35 - 44	-61.46	-60.03	-56.98	-59.54	-63.83	-59.77	0	0	-55.56	0	-96.67	-85.71	0	0	-9.52	0	-61.64	-60.01	-43.75	-62.5
45 - 64	-60.13	-58.96	-65.07	-62.72	-57.92	-57.78	0	0	0	0	-93.33	0	0	0	0	0	-59.45	-58.96	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	-60.15	-59.13	-57.28	-58.72	-61.6	-59.54	0	0	-59.49	-60	-96.67	-91.67	25	0	-47.45	4.08	-59.91	-59.29	-74.29	-48.1
Total	-59.72		-57.89		-60.72		0		-60.31		-94.79		25		-33.87		-59.65		-64.21	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

AMPHETAMINE USE (PERCENT CHANGE IN AMPHETAMINE USE)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-36.84	-62.45	-36.84	-62.45	0	0	0	0	0	0	0	0	0	0	0	0	-36.84	-62.48	0	0
18 - 24	-72.05	-72.96	-71.38	-73.34	0	0	0	0	0	0	0	0	-93.33	0	0	0	-71.83	-72.96	-93.33	0
25 - 34	-66.78	-73.25	-67.88	-72.17	-40	-95.96	0	0	0	0	26.32	0	0	0	0	0	-66.65	-73.16	0	0
35 - 44	-70.16	-66.65	-70.46	-66.51	-6.25	0	0	0	0	0	0	0	0	0	0	0	-70.88	-66.79	-16.67	0
45 - 64	-57.23	-61.69	-44.43	-61.89	-44.43	0	0	0	0	0	0	0	0	0	0	0	-62.2	-44.43	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	-68.58	-70.09	-68.81	-69.68	-61.65	-97.06	0	0	0	0	7.69	0	-93.33	0	-87.01	-43.75	-68.69	-70.09	-55.79	0
Total	-69.16		-69.14		-74.28		0		0		-24.88		-93.33		-68.48		-69.23		-54.78	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

OPIATE USE
(PERCENT CHANGE IN OPIATE USE)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS / UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 18	-70.21	900	-97.32	0	0	0	0	0	0	0	0	0	0	0	0	0	-70.21	900	0	0
18 - 24	-65.06	-68.44	-61.87	-67.84	-98.41	-69.44	0	0	0	0	0	0	0	0	0	0	-65.06	-68.41	0	0
25 - 34	-62.41	-55.68	-61.04	-58.9	-65.27	-47.15	0	0	0	0	0	0	0	0	0	0	-62.76	-55.68	0	0
35 - 44	-66.97	-64.13	-68.31	-72.41	-60.38	-50.33	0	0	0	0	0	0	0	0	0	0	-65.33	-63.41	0	0
45 - 64	-64.08	-59.67	-59.12	-51.32	-74.44	-77.21	0	0	0	0	0	0	0	0	0	0	-64.08	-59.67	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	-64.63	-61.6	-63.19	-62.76	-68.43	-56.91	0	0	0	0	0	0	0	0	0	0	-65.36	-61.37	0	0
Total	-63.2		-62.99		-62.89		0		0		0		0		0		-62.95		0	

Data Source
(Select all that apply)

- ☐ Client self report
- ☐ Client self report confirmed by another source
- ☒ Administrative data source
- ☐ Other:

Admission/Discharge Basis
(Select one)

- ☒ Admission is on first date of service in a Program/Service Delivery Unit
Discharge is on last date of service in a Program/Service Delivery Unit
- ☐ Admission is on date of first service, prior to which no service has been received for 30 days
Discharge is on last date of service, subsequent to which no service has been received for 30 days

Unable to Report
(Select all that apply)

- ☐ State Management Information System does not utilize a unique case identifier that allows comparison of admission and discharge data on a client specific basis
- ☐ Information is not collected at admission
- ☐ Information is not collected at discharge
- ☐ Information not available by categories requested
- ☐ Information only available on a sample basis
- ☐ State collects information on the indicator area but utilizes a different measure
- ☐ Other:

Recognizing that adjustments are not made to factor in the impact on outcome data of clients having been in institutional/correctional settings prior to admission, please indicate the percent of clients for whom data is being reported that resided in these settings within the 30 days prior to admission.:

State:
Missouri

Race/Ethnicity:
White

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tobacco	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marijuana	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Crack or Cocaine	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amphetamine	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inhalant	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Black

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Hispanic

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Native Hawaiian/Pacific Islander

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Asian

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
American Indian/Alaska Native

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P10 30-Day Substance Use: (Adults): Think specifically about the past 30 days, from (FILL DATE) up to and including today. During the past 30 days, on how many days did you use

(Youth): On how many occasions during the last 30 days, (if any) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
White

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Had a drink of an alcoholic beverage? (Don't include a sip or two)	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Used marijuana or hashish for the first time?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Used any other illegal drug?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Black

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?																					
Had a drink of an alcoholic beverage? (Don't include a sip or two)																					
Used marijuana or hashish for the first time?																					
Used any other illegal drug?																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Hispanic

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?																					
Had a drink of an alcoholic beverage? (Don't include a sip or two)																					
Used marijuana or hashish for the first time?																					
Used any other illegal drug?																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Native Hawaiian/Pacific Islander

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?																					
Had a drink of an alcoholic beverage? (Don't include a sip or two)																					
Used marijuana or hashish for the first time?																					
Used any other illegal drug?																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
Asian

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?																					
Had a drink of an alcoholic beverage? (Don't include a sip or two)																					
Used marijuana or hashish for the first time?																					
Used any other illegal drug?																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
American Indian/Alaska Native

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P11 Age of Initiation of Substance Use:How old were you the first time you:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoked part or all of a cigarette?																					
Had a drink of an alcoholic beverage? (Don't include a sip or two)																					
Used marijuana or hashish for the first time?																					
Used any other illegal drug?																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:
Missouri

Race/Ethnicity:
White

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age				Less than 18					
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life	0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0
I have made a decision to stay away from marijuana.	0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0
I have decided that I will smoke cigarettes.	0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0
I plan to get drunk sometime in the next year.	0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
Black

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age				Less than 18					
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life									
I have made a decision to stay away from marijuana.									
I have decided that I will smoke cigarettes.									
I plan to get drunk sometime in the next year.									

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
Hispanic

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age				Less than 18					
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life									
I have made a decision to stay away from marijuana.									
I have decided that I will smoke cigarettes.									
I plan to get drunk sometime in the next year.									

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
Native Hawaiian/Pacific Islander

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age	Less than 18								
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life									
I have made a decision to stay away from marijuana.									
I have decided that I will smoke cigarettes.									
I plan to get drunk sometime in the next year.									

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
Asian

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age	Less than 18								
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life									
I have made a decision to stay away from marijuana.									
I have decided that I will smoke cigarettes.									
I plan to get drunk sometime in the next year.									

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
American Indian/Alaska Native

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P12 Intentions / Expectations to Use

Age				Less than 18					
	Total N			Male			Female		
	Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T
It is clear to my friends that I am committed to living a drug-free life									
I have made a decision to stay away from marijuana.									
I have decided that I will smoke cigarettes.									
I plan to get drunk sometime in the next year.									

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Tanglewood Research.

State:
Missouri

Race/Ethnicity:
White

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
Black

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
Hispanic

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
Native Hawaiian/Pacific Islander

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
Asian

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
American Indian/Alaska Native

Number of Programs:

SFY:
From 7/1/2001 To 7/1/2001

Form P13 Perception of Risk/Harm (of Substance Use):

How much do people risk harming themselves physically or in other ways when they:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Smoke 1 or more packs of cigarettes per day?																					
Smoke marijuana of hashish once a month?																					
Have 4 or 5 drinks of alcohol nearly everyday?																					
Have 5 or more drinks of an alcoholic beverage?																					
Try marijauna once or twice?																					
Smoke marijuana regularly?																					
Take 1 or more drinks nearly every day?																					
Have 5 or more drinks each weekend?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Monitoring the Future / Seven State Survey.

State:
Missouri

Race/Ethnicity:
White

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adults trying marijuana or hashish once or twice?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adults having 1 or two drinks of an alcoholic beverage nearly every day?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Smoke cigarettes?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Smoke marijuana?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Use LSD, cocaine, amphetamine, or another illegal drug?	0	0		0	0		0	0		0	0		0	0		0	0		0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

State:
Missouri

Race/Ethnicity:
Black

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?																					
Adults trying marijuana or hashish once or twice?																					
Adults having 1 or two drinks of an alcoholic beverage nearly every day?																					
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?																					
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?																					
Smoke cigarettes?																					
Smoke marijuana?																					
Use LSD, cocaine, amphetamine, or another illegal drug?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

State:
Missouri

Race/Ethnicity:
Hispanic

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?																					
Adults trying marijuana or hashish once or twice?																					
Adults having 1 or two drinks of an alcoholic beverage nearly every day?																					
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?																					
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?																					
Smoke cigarettes?																					
Smoke marijuana?																					
Use LSD, cocaine, amphetamine, or another illegal drug?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

State:
Missouri

Race/Ethnicity:
Native Hawaiian/Pacific Islander

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?																					
Adults trying marijuana or hashish once or twice?																					
Adults having 1 or two drinks of an alcoholic beverage nearly every day?																					
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?																					
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?																					
Smoke cigarettes?																					
Smoke marijuana?																					
Use LSD, cocaine, amphetamine, or another illegal drug?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

State:
Missouri

Race/Ethnicity:
Asian

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?																					
Adults trying marijuana or hashish once or twice?																					
Adults having 1 or two drinks of an alcoholic beverage nearly every day?																					
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?																					
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?																					
Smoke cigarettes?																					
Smoke marijuana?																					
Use LSD, cocaine, amphetamine, or another illegal drug?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

State:
Missouri

Race/Ethnicity:
American Indian/Alaska Native

Number of Programs:
Not Specified

SFY:
From 7/1/2001 To 7/1/2001

Form P14 Attitudes about Substance Use:

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Adults smoking 1 or more packs of cigarettes a day?																					
Adults trying marijuana or hashish once or twice?																					
Adults having 1 or two drinks of an alcoholic beverage nearly every day?																					
Adults driving a car after having 1 or 2 drinks of an alcoholic beverage?																					
Drink beer, wine or hard liquor (e.g. Vodka, whiskey, or gin) regularly?																					
Smoke cigarettes?																					
Smoke marijuana?																					
Use LSD, cocaine, amphetamine, or another illegal drug?																					

Pr=Pretest. Po=Posttest. M=Male. F=Female. SD=Standard Deviation.
Complete this form for a single ethnic group. Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: Seven State Survey

Missouri

Description of Calculations

TB Services

The Division used the following method to calculate the estimated level of non-Federal expenditures for TB services made available to individuals receiving substance abuse treatment services during fiscal years 2001 through 2003.

The State Medicaid agency has supplied us with total state expenditures for TB through the Medicaid program during SFY 2003. The state share of TB expenditures is equivalent to 40% of the total annual expenditures. The state share does not include federal TB expenditures.

The Missouri Department of Health recorded 356 active TB cases from January 2001 through June 2003. The Department of Health reported 95 of these patients also have substance abuse problems. Using this information it was estimated that 26.69% of the persons receiving TB services also have a substance abuse diagnosis.

Medicaid Agency Information:

Fiscal Year	Total Expenditures	Federal & State	State Share
% State Only	SA		
% TB/SA			
2001	\$2,609,618	40% \$1,043,847	18% \$187,892
2002	\$3,098,469	40% \$1,239,388	22.04% \$273,161
2003	\$2,312,375	40% \$924,950	26.69% \$246,869

HIV EARLY INTERVENTION SERVICES

Missouri has not been a designated state for HIV/AIDS since FFY 1998; however, the Department of Mental Health continues to maintain the same level of funding for HIV/AIDS services. These HIV/AIDS services include a HIV risk assessment being conducted on all individuals entering a Department of Mental Health substance abuse treatment service program. Individuals who show a high level of risk associated with HIV/AIDS are offered pre-test counseling. HIV/AIDS testing is offered at approximately ten local substance abuse treatment sites within the state, or coordinated with local health departments if not available at the treatment site. Anyone testing positive for HIV/AIDS is offered post-test counseling as part of their treatment plan.

The Division used the following method to calculate the estimated level of non-Federal expenditures for HIV Early Intervention Services made available to individuals receiving substance abuse services during SFY 2002 and SFY 2003. Prior to SFY 1993 this information is not available.*

*The HIV MOE base is calculated using data from SFY93 & SFY94.

The Department of Mental Health Purchase of Service (POS) system captures services delivered to clients by service code. The payments for service codes for HIV Early Intervention Services at treatment centers where on-site blood testing for HIV is available to clients were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds).

PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN

The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Purchase of Service (POS) system captures services delivered to clients by service code. For the base year of 1992, all payments for services to women at programs meeting the requirements of Section 1922 © and Section 96.124 (e) were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds). The total expenditures for 2002 on these qualified women's programs were \$9,198,778.

This amount is greater than the required expenditures of \$7,728,020.

Missouri

How Substance Abuse Funds Were Used

[No Current Narrative Information]

Missouri

Goal #1: 35% for Prevention/Treatment

No response needed.

Missouri

Goal #2: 20% for Primary Prevention

PRIMARY PREVENTION PROGRAM

Missouri's primary prevention program is administered under the direction of the Department's Director of Prevention Services and professional staff of the central and regional offices. The program is built on the Missouri Substance Abuse Prevention Resource Network, an infrastructure of 11 Regional Support Centers (RSC) and the Statewide Training and Resource Center (STRC) operated by the ACT Missouri, the school-based, Missouri SPIRIT, and community-based prevention programs. The attached map shows the name and location of the network member agencies and the areas they serve. (See Goal #2 attachment) The RSCs provide training, technical assistance, and capacity-building services to local community partnerships, coalitions, and task forces. These teams and coalitions are comprised of local citizen volunteers who address the substance abuse issues of their communities. Centralized resource sharing is accomplished through the Statewide Training and Resource Center (STRC).

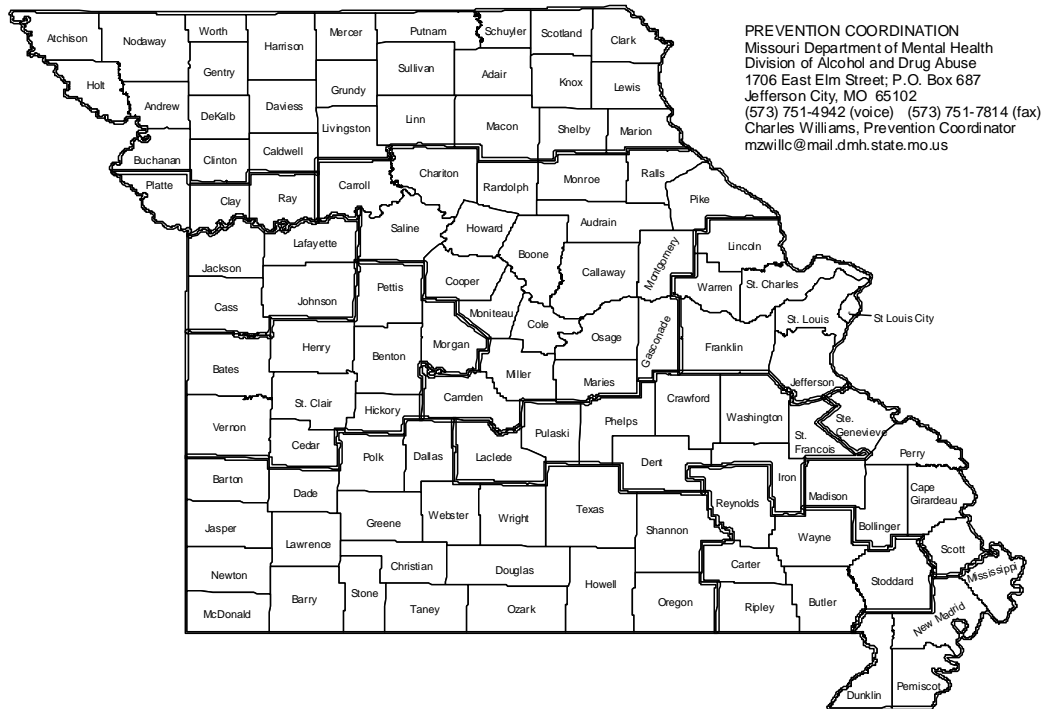
The Missouri Student Survey, initially developed and administered in 2000 through the Prevention Needs Assessment, was replicated in 2002 by the Missouri Institute of Mental Health (MIMH) through a contract with the Division of Alcohol and Drug Abuse. The survey was administered in February 2002 to over 12,000 Missouri public school students in grades 6, 8, 10, and 12. Descriptions of methodology and procedures, and changes therein, can guide subsequent bi-annual administration of the survey. The results represent the statewide findings of data obtained from participating students about the prevalence of alcohol, tobacco, and other drug use, and identifying risk and protective factors. These results may be useful in planning and implementing prevention programs and services. In addition, a comprehensive website was developed to provide information to schools, parents, professionals, and the community.

The Missouri School-based Prevention and Intervention Initiative (SPIRIT) introduces proven, evidence-based strategies to reduce individual-peer and school risk factors; increase protective factors; reduce the incidence and prevalence of alcohol, tobacco, and other drug use and abuse and incidences of school violence; and improve school performance. Beginning with the 2002-2003 school year, the Division partnered with the Department of Elementary and Secondary Education to pilot Missouri SPIRIT in five school districts. The Division will work with one of the Missouri SPIRIT sites to initiate planning to implement proven, evidence-based "family strengthening" strategies to reduce risk factors associated with parent and individual-peer domains. Strategies will include implementation of the family and community components of the school-based curricula, school-based screening and referral, and implementation of other complementary, evidence-based strategies and programs.

Missouri's targeted prevention program has two components: a high risk youth initiative and community-based prevention services for youth. The high-risk youth initiative provides a broad array of prevention programming in designated areas of the state. Programming includes traditional after school alternative activities, youth development activities and racial/ethnic cultural activities. In many cases, existing programming does not meet current evidenced-based principles for effective prevention. The Division is addressing this issue by including the U.S.

**MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Alcohol and Drug Abuse**

Missouri Substance Abuse Prevention Resource Network



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rcsmith@reviewreg_sup_ctr - August 21, 2003

Department of Education's Principles of Effectiveness in these contracts, effective July 1, 2002, in support of our move to statewide implementation of evidence-based programming.

The Division contracts with the University of Missouri-Columbia to establish a state-wide coalition called Partners in Prevention composed of 12 public institutions of higher education in Missouri and relevant agencies (Missouri Division of Liquor Control and the Missouri Division of Highway Safety) to collaboratively develop strategies for reducing and preventing high-risk drinking among Missouri's college students. The coalition encourages and nurtures collaboration among colleges and state agencies and creates partnerships that will result in systemic change in the environment.

In FFY 2003, the Division continues to fund five contracts totaling \$600,000 to implement evidence-based community programs for youth. This reflects the state's commitment to develop an evidence-based prevention services system. Significant among these awards is a \$300,000 contract to Missouri Alliance of Boys and Girls Clubs to implement Smart Moves in 14 communities in all areas of the state.

In FFY2001, the Division developed a strategic plan that focused on early onset of alcohol, tobacco, and other drug use; underage drinking of alcoholic beverages; binge drinking of alcoholic beverages; and adolescent suicide. In FFY2003, under the direction of the Division, the Prevention Workforce Development Task Force developed and implemented a workforce survey of the Single State Agency's prevention field. One of the key findings of the survey was that the prevention field in the state of Missouri needs to be professionalized. In FFY2004, the Division will begin developing a system of credentialing and recognition of prevention professionals.

INFORMATION

FFY2001 Compliance

The Division supported the resource network involvement in health and prevention fairs, parades, and resource fairs as well as other numerous team events where information on alcohol, drugs, and tobacco use and abuse are disseminated to community members. Other national prevention programs such as Red Ribbon Week, World No Tobacco Day, Kick Butts, Great American Smoke Out, 3-D Month, and Alcohol Awareness Month were opportunities for Regional Support Centers and community coalitions to provide information about ATOD to community members. Support Center staff continued to make presentations to area civic groups at the local community levels.

During FFY2003, The Division continued to support community capacity building. Websites and newsletters were also developed to assist in assessment, planning, and implementation of evidence-based prevention.

The SSA became a pilot state for the Minimum Data Set-3 (MDS-3). In order to support sustainability, the MDS-3 is administered through a state server.

Partners in Prevention (PIP) published a newsletter titled "Journeys". The newsletter is published quarterly. The newsletter is sent to approximately 200 people across the state affiliated with colleges and universities, local agencies, and community teams.

The Division's Regional Alcohol and Drug Awareness Resource (RADAR) network located in Jefferson City, Kansas City, and St. Louis, made available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network supported local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups. Several regional support centers published newsletters and produced websites that provided information to their community coalitions about community capacity building and important facts about alcohol, tobacco, and other drugs. They also showcased community success stories which help motivate communities with similar circumstances and problems.

FFY2003 (Progress):

The Division continues to support Regional Support Centers in providing information on legislative updates, team leaders meetings, grant and funding information, and conference and workshop information to community coalitions.

Merchant education materials are developed yearly and distributed to the Regional Support Centers for dissemination during the annual tobacco merchant education campaign. A merchant training manual was developed based on the U.S. Department of Health and Human Service's "Best Practices for Responsible Retailing" Conference Edition Draft. The document focused on helping retailers with the comprehensive training of sales personnel. Approximately 6,000 tobacco retailers were notified through a letter that this document was available for their use. Regional Support Centers developed a training plan based on this document and during the campaign informed retailers of the availability of technical assistance and training for their employees. Several support centers have partnered with the Division of Liquor Control and have provided training to vendors in their region.

The Division's RADAR network continues to make available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network supports local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups.

In FFY2003, the Division initiated a radio and television counter-marketing campaign focused on underage drinking. The Division developed television and radio ads targeting teenagers and a radio ad targeting parents of teenagers and other adults. Also, an ad targeting parents was licensed from FACE. The campaign was supported by SAPT and other appropriate funds.

FFY 2004 (Intended Use)

The Division will continue supporting Regional Support Centers in providing information on legislative updates, team leaders meetings, grant and funding information, and conference and workshop information to community coalitions. Plans are to continue developing information pertaining to the state law and retailer training for merchants who sell tobacco products.

The Division's RADAR network will continue to make available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network will continue to support local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups.

EDUCATION

FFY2001 (Compliance)

The Regional Support Centers assigned to each team a Prevention Specialist who was responsible for educating team members. New team members are oriented as they come on board. The teams are provided updates on public policy issues, legislation, substance abuse programs, and exemplary prevention initiatives through regional workshops and contact with the Prevention Specialists. Regular in-service training programs were offered to the Prevention Specialists to increase their skills in helping teams develop new knowledge and understanding of effective prevention strategies. The Statewide Training and Resource Center provided training and technical assistance to help build community coalitions' capacity to implement prevention interventions relating to prevention of tobacco, alcohol, and other drug abuse to all 11 Regional Support Centers and the community coalitions. The STRC developed a quarterly training plan for the division's regional support centers. The training topics included: media advocacy, logic model, community capacity building, and assessment and work plan reporting.

The Division purchased tobacco retailer education materials which were disseminated to each Regional

Support Center so their staff and volunteers could distribute them during the months of March through July 2001. Approximately \$30,000 was allocated to purchase a variety of educational and promotional items that were given at each retailer visit. Included among the purchased items were: promotional pens, tri-fold brochures explaining the state law, signage, and tobacco stickers.

FFY 2003 (Progress)

This year the Perinatal Substance Abuse Advisory Committee was developed. It is a state-wide interagency collaboration committed to ensuring the health and welfare of pregnant and postpartum women, children and their families. The Division is actively involved on this committee. This committee identifies local and state substance abuse issues and resources, provides and promotes public and professional education, monitors compliance of RSMo 191 (Senate Bill 190), and fosters communication of stakeholders through active networking. Other state agencies involved are the Missouri Department of Health, Missouri Department of Social Services, Division of Family Services, and the Missouri Department of Elementary and Secondary Education.

The Director of Prevention was the lead writer of a grant that will enable Missouri to develop and implement a comprehensive prevention effort, encompassing multiple risk domains and utilizing a range of preventive interventions in order to increase public awareness of the risks associated with any level of drinking while pregnant; enhance ability and effectiveness of healthcare providers and other providers of services to women of childbearing age to screen for and respond to alcohol consumption; enhance effectiveness of referrals for and intervention with pregnant women whose fetuses are exposed to alcohol; effect an absolute reduction in the rate of alcohol-exposed births and effect changes in public policy in order to enhance coordination of services planned for and delivered to this population by various state agencies. The FAS prevention grant proposal will focus on approximately two-thirds of the state excluding the metropolitan areas of Kansas City and St. Louis. Seventy of the 115 counties comprise this catchment region. Data from the 2000 census and Department of Health and Senior Services (DHSS) indicate that this geographic area has at least 500,000 childbearing-age women, ages 12-44.

The Division worked closely with the DHHS to build the capacity of Missouri's communities to decrease the age of initiation of youth tobacco use and reduce adult use through building community capacity. The Division was an active member of the DHHS's Comprehensive Tobacco Use Prevention Steering Committee. The purpose of the steering committee was to build a strategic plan to develop effective statewide programs to reduce tobacco use initiation, increase cessation, reduce exposure to environmental tobacco smoke and reduce disparities.

The Division supported the attendance of support center staff and coalition members at the workshop "Empowering Missouri Communities to Clear the Air of Secondhand Smoke" sponsored by the DHSS. This workshop was held on March 18-19, 2003. Agenda items included: Role of Government Employees in Community Movements, planning for smoke free ordinance or smoke free school campus program, developing strong coalitions, and using the media. A second workshop was held on May 20-21 addressing "Building Political Power For Clean Indoor Air. Support center staff and coalition members were educated on assessing the political climate regarding smoke free ordinances, strategizing effective ways to influence undecided political and business leaders, and determining what segment of the community to target for an educational campaign.

The Division of Alcohol and Drug Abuse's 11 Regional Support Centers conducted statewide merchant education visits between the months of February and June 2003. During the month of February, the Support Centers contacted each retailer to verify whether they were selling tobacco products and to update the outlet name and address. The Support Centers used this updated list to conduct their merchant education visits. The purpose of the visits was to provide information and education regarding the state's law on youth access to tobacco products. Each retailer received one visit a month. Approximately 23,858 contacts were completed.

The Missouri SPIRIT evaluation team lead by Carol Evans of MIMH developed protocols, instruments,

and procedures for assessing implementation and impact of Missouri SPIRIT. The team conducted meetings with each district and contractor; consent and assent forms were developed, approved, and distributed; districts agreed to making individual student data (e.g., attendance records, achievement test scores) available to the evaluation team; and a data collection manual was developed and distributed. Initial fidelity instruments were developed to obtain information from teachers/providers pertaining to curricula dosage and modifications to program materials.

The Division worked on creating and developing a prevention newsletter and web site during this fiscal year.

The Division continued to provide training, education, technical assistance to community coalitions through the Missouri Substance Abuse Prevention Resources Network. The Division continues to move toward greater accountability through focusing training, education, and technical assistance as targeted prevention initiatives based on CSAP's best practice recommendations. The Division's goal is to use the workforce development plan as a guide for training Missouri's prevention professionals.

The Division began discussions with DHSS concerning replicating the teen advocacy program called "Smokebusters" throughout the state of Missouri. Plans are being made to have our support center staff attend an upcoming Smokebusters training in the northeast part of the state.

In FFY2003, under the direction of the Division, the Prevention Workforce Development Task Force developed and implemented a workforce survey of the Single State Agency's prevention field. One of the key findings of the survey was that the prevention field in the state of Missouri needs to be professionalized.

The Missouri SPIRIT program is progressing. Training took place this fiscal year. District and contractor staffs were trained in implementation of Positive Action for Living (PA) in July; a training of trainers for PA also took place in July. These training events were supported by CSAP. Project staff from Preferred Family Healthcare attended training in the implementation and training of Peace Builders, which is being implemented in Knox County and Carthage. Project staff from the Community Partnership of the Ozarks (CPO) trained Knox County teachers and contractor staff in implementation of the Life Skills Training curriculum. Project staff from Preferred trained Carthage teachers and contractor staffs in implementation of the Peace Builders curriculum. Project staff from NCA-St. Louis trained New Madrid County teachers and contractor staffs in implementation of Positive Action curriculum. Trainers from Reconnecting Youth provided implementation training for school and contractor staffs November 12-16 in Jefferson City.

The Statewide Training Resource Center developed an annual training plan for FFY 2004. Their annual conference, Prevention Forces in the Field, Strengthening Families and Communities in Stressful Times, is scheduled for July 23-24, 2003 in Kansas City, Missouri. A few of the sessions offered are: making healthy connections between life and work, focusing on the importance of results and measurable outcomes, locating hidden sources of grant funding and writing persuasive successful grant applications, and learn to better articulate the visions we share.

FFY 2004 (Intended Use)

The Division will continue providing training, education, and technical assistance through the Missouri Substance Abuse Prevention Resources Support Network. Training, technical assistance, community development, program development, and consultation will continue through ADA regional offices, the regional support centers, the statewide resource center, and by collaboration with other agencies and organizations. As the Division moves towards greater accountability, the focus of training, education, and technical assistance will be targeted prevention initiatives based on CSAP's best practice program recommendations. A training plan based on the Workforce Development Plan will be developed to increase the access to the trainings.

Prevention plans for FFY2004 will focus on the continued development and service to the Missouri

Substance Abuse Resources Network, formerly known as the Community 2000 program.

The Division will continue its collaboration with the Department of Health and Senior Services (DHSS) on building community capacity and developing local programs to prevent tobacco use. The Division will partner with DHSS to replicate the Smokebusters teen advocacy program being implemented in the northeast part of the state to other areas of the state. Beginning in the fall of SSA FY2003, the Division's Substance Abuse Prevention Resource Network's staff will attend trainings on the Smokebusters Program - A Teen Advocacy Program.

Beginning sometime in the fall of 2003, the Division will partner with the Missouri Partnership on Smoking or Health to begin planning a media campaign using the American Legacy Foundation's media. The focus of the campaign will be on reducing youth tobacco initiation. Plans are to target those areas of the state with the highest rates of youth tobacco use.

The Division and the Partnership on Smoking or Health is co-sponsoring a workshop on "Worry Free Advocacy" for our regional support center and local coalition members. The workshop is being provided by the Alliance For Justice in Kansas City on September 9, 2003 and St. Louis on September 10, 2003.

The Division is providing support for the development of the Greene County Pilot Project. The Division's contractor, Community Partnership of the Ozarks and Mike Carter, Community Policy Specialist, Department of Health and Senior Services are taking the lead on this project. They are responding to the need for a youth cessation program and an education program for court-referred youth that have infractions related to the youth tobacco law. The Division provided the resources to bring a trainer from Texas to Springfield to provide some information on the Texas Adolescent Awareness and Cessation Program to board members of Ozarks Fighting Back. They are going to try to replicate this program in Greene County. The Division is supporting sending two staff from Greene County to a the Texas Adolescent Tobacco Awareness and Cessation Program Train of the Trainers training in August. The long-term objective is to pilot this project in Greene County and then replicate it in other parts of the state.

One of the key findings of the workforce survey was the prevention field in the state of Missouri needs to be professionalized. In FFY2004, the Division will begin developing a system of credentialing and recognition of prevention professionals. The Division is beginning to work on identify prevention staff on a state-wide level. Key individuals from other departments have been asked to participate in this initiative. This is being support by the Division's SW CAPT liaison.

Missouri Spirit will move into its second year of implementation. All districts are enthusiastic about moving forward in the second year. There were antidotal reports of changes in behavior in the classroom.

MOBILIZATION

FFY 2001 (Compliance):

There are approximately 190 community coalitions that are registered with the Division. Sustainability and capacity building were the focus of the regional support centers in SSA FY2003. They surveyed community coalitions using the "Assessing Community Coalitions Assessment" developed by ACT Missouri. The survey helps coalitions identify their strengths and needs. This document guided the support centers in determining the types of training and technical assistance their coalitions needed in order to grow and develop. The assessment addresses the following areas: strategic thinking, broad diverse community membership, coalition leadership, diversified funding sources, training, and evaluation. Regional Support Centers worked with local coalitions are prioritizing their goals based on the outcomes of this assessment. Local teams are encouraged to work with other prevention-related teams and task forces, including Caring Community partnerships, C.H.A.R.T. teams (Health Department), and Community Betterment and Development teams (Dept. of Economic Development).

FFY 2003 (Progress):

The Regional Support Centers continued to assist local teams, task forces and coalitions in developing the skills necessary for effective functioning. The support centers used a community assessment tool to survey their community coalitions in their service areas. This tool identified areas that the coalitions need to work on to become more effective in making changes in their community. The number of coalitions has remained consistent with 210. The viability of the awareness network has improved through this increase. This results from two major accomplishments for the State Prevention Network. First, the Division of Alcohol and Drug Abuse received a CSAP Community Coalitions Grant, which facilitated the integration of several networks into a statewide coalition of partnerships, including past CSAP-funded Partnerships, the Robert Wood Johnson Fighting Back grantees, and new coalitions based on a community mobilizer demonstration model. Second, the ACT Missouri (the Division's Statewide Prevention Resource Center) received a Robert Wood Johnson underage alcohol prevention grant which adds a new dimension to the efforts of the awareness network and has impacted youth involvement in coalitions with only youth membership. In addition to youth-based coalitions, culturally specific communities such as Deaf, Native American, and Hispanic have coalitions.

FFY 2004 (Intended Use)

The Regional Support Centers will continue to assist local teams, task forces and coalitions in developing the skills necessary for effective functioning. The support centers will begin using a new annual training and technical assistance plan in FFY 2004. This plan includes the coalition training needs self assessment, coalition assessment worksheet, team work plan, summary of needs, goals and objectives, team monthly service strategies report, team monthly service report, and a support center monthly report. Due to reductions in state General Revenue, the extent of mobilization activities will be markedly reduced. The Division will continue to develop the knowledge and skills needed concerning risk and protective factors and provide accountability through research-based best practice models. The Strategic Plan to Prevent Substance Abuse will develop and implement an operational plan.

ALTERNATIVES

FFY2001 (Compliance):

Community coalitions and community-based providers offered alternative prevention activities throughout the year. Resources to support alternative activities in the plans were made available through funding sources provided by the Division of Alcohol and Drug Abuse and through the consultant bank. The community coalitions were provided access to resources for the support of local team action plans through a consultant bank. The consultant bank provided support for outside consultants to assist teams in developing alternative activities, training and program development, or consultation and technical assistance related to specific problem areas. During FY2003, 49 consultant bank requests from the teams were approved as a resource to alternative activities. The Division supported almost 200 local community coalition activities which promoted healthy alternatives to alcohol, tobacco, and other drug use.

FFY2003 (Progress):

In addition to the support for local community coalition activities which promote healthy alternatives to alcohol, tobacco, and other drug use, the Division is moving toward greater measurement of results and the implementation of best practice prevention programs. Community coalitions provide alternative prevention activities throughout the year based on the annual community team action plan. Resources to support alternative activities in the plans are available through two funding sources provided by the Division of Alcohol and Drug Abuse the Mini-grants Program and the Consultant Bank Project. Mini-grants of up to \$3,000 were available to community teams to carry out the activities identified in the team action plans. The average mini-grant was about \$1,000, with a range from \$600 to \$3000. Applications were accepted for biannual review. In July 1999 funds were awarded to over 100 community teams and February 1999, the number of teams almost doubled. The second award was a total of 197 community teams received funds to support alternative activities. The local Community 2000 Teams were provided access to resources for the support of local team action plans through a consultant bank. The consultant bank provided support

for outside consultants to assist teams in developing alternative activities, training and program development, or consultation and technical assistance related to specific problem areas. During FFY 2000, over 100 consultant bank requests from the teams were approved as a resource to alternative activities.

FFY2004 (Intended Use)

The goal remains the same for this year. Community coalitions are encouraged to provide alternative activities and can apply for a regional development fund to do so. The support centers are encouraged to move coalitions from alternative activities to education and eventually to implementation of best practice prevention programs. It is recognized that there will always be some coalitions who are only comfortable doing alternative activities and have no desire to do anything else. Limited funds will be available for this type of coalition.

The goal of the Missouri Project to Eliminate Fetal Alcohol Syndrome FAS (MOPEFAS) is to develop and implement a comprehensive prevention effort encompassing multiple risk domains and utilizing a range of preventive interventions. One of those interventions is enhanced effectiveness of referrals for and interventions with pregnant women whose fetuses are exposed to alcohol. In addition to the support for local community coalition activities which promote healthy alternatives to alcohol, tobacco, and other drug use, the Division will move towards greater measurement of results and the implementation of best practice prevention programs.

ENVIRONMENTAL (SOCIAL POLICY)

FFY2001 (Compliance):

Information on social policy issues was provided to teams via the "ACTION" newsletter of ACT Missouri. The network of community coalitions were involved at the local district levels and at the state level (by testifying before legislative committees). Community team members were involved in legislation related to zero tolerance for youth alcohol and driving, increased excise taxes on alcoholic beverages, legalization of marijuana for medical use, and methamphetamine production.

Community teams also acted as change agents by educating teens about alcohol use and developing strategies for changing both laws and taxation policies related to alcohol. These efforts were in conjunction with ACT Missouri's Robert Wood Johnson Underage Alcohol Use grant.

This year the Perinatal Substance Abuse Advisory Committee was developed. It is a state-wide interagency collaboration committed to ensuring the health and welfare of pregnant and postpartum women, children and their families. The Division is actively involved on this committee. The Director of Prevention was the lead writer of a grant that will enable Missouri to develop and implement a comprehensive prevention effort, encompassing multiple risk domains and utilizing a range of preventive interventions in order to increase public awareness of the risks associated with any level of drinking while pregnant and effect an absolute reduction in the rate of alcohol-exposed births and effect changes in public policy in order to enhance coordination of services planned for and delivered to this population by various state agencies.

Missouri Partners in Prevention (PIP) is a coalition comprised of representatives from each of Missouri's twelve (12) public universities. PIP's goal is to reduce binge drinking among Missouri's college students by three percentage points from FFY2000 baseline data. The proposed strategies are dissemination of information, prevention education, alternative activities, community based processes, environmental approaches, and problem identification and referral. The coordinator of Partners in Prevention has met with the Law Enforcement Steering Committee on a regular basis. Social norming campaigns continued to be a priority on the college campuses.

FFY2003 (Progress):

Community Teams also act as change agents by educating teens about alcohol use and developing policy strategies for changing both laws and taxation policies related to alcohol. These efforts are in conjunction with ACT Missouri's Robert Wood Johnson Underage Alcohol Use grant. The Missouri Substance Abuse Prevention Resource Network and the network of community coalitions were involved at the local district levels and at the state level (by testifying before legislative committees). They were involved in changing policies and legislation related to keg registration and tracking which passed possession as consumption, fund for reduction of alcohol related problems, enhanced penalty for selling alcohol to minors, open alcohol containers, medical use of marijuana, and tobacco excise tax increase.

"Alcohol. Is it worth it?" is a comprehensive, broadcast media ad campaign targeting non-urban high school-aged youth, parents, and other adults. The campaign consisted of eight different, themed ads in the campaign (five television and three radio); plus one television PSA targeting late teenage party-goers. The boys and girls campaign used paid placement on prime time television and radio with high youth viewer/listener numbers, including shows like "Survivor," "Fear Factor," and "Everwood;" and Top 40 and Hot Country radio stations. First Lady Lori Hauser Holden, Co-chair of the Leadership to Keep Children Alcohol Free, did a radio ad targeting parents who allow kids to drink in their homes. The campaign ran from February to May, 2003. However, all stations are able to run the ads as PSAs for as long as they want.

The campaign primarily targets youth and adults outside of the St. Louis and Kansas City metropolitan areas, since that is where survey data indicates that underage alcohol use is highest.

The members of Missouri Partners in Prevention (PIP) met on a monthly basis to discuss issues and concerns regarding alcohol use/abuse by students at their local university. PIP is housed in the Wellness Resource Center/ADAPT at the University of Missouri-Columbia.

Each of the member universities conducted the CORE Institute Alcohol and Drug Survey of a random sample of students. The survey was administered to a random sample of 5% of each school's population. The CORE was administered between February-May, 2003. The statewide summary indicates that alcohol use among these schools is high. About 48% of students reported engaging in binge drinking behavior at least once within a two-week period. Two-thirds (66%) of Missouri college students stated that they used alcohol before the age of 18.

The PIP organization planned activities that exclude alcohol on each campus. In addition, each school distributed various types of literature (brochures, flyers, post-it-notes, posters) and other materials to promote a healthy lifestyle.

The Division, in collaboration with RWJF Underage Alcohol Use Grant, developed a statewide ad campaign focused on changing community norms and attitudes.

FFY2004 (Intended use):

- Continue providing the teams with information on social policies through the ACT Missouri newsletter.
- Missouri Partners in Prevention goal remains the same as in FFY2003. The members of PIP will continue meeting on a monthly basis to discuss issues and concerns regarding alcohol use/abuse by students at their local university. PIP is housed in the Wellness Resource Center/ADAPT at the University of Missouri-Columbia.
- Plans for running "Alcohol. Is it worth it?" are being made for the FFY2004.
- Plans to partner with the Missouri Partnership on Smoking or Health to sponsor a media campaign targeting youth using the American Legacy Foundation's media are being made for FFY2004.
- The Division and the Missouri Partnership on Smoking or Health will co-sponsor a workshop for community coalitions and regional contractors on understanding the difference between education and lobbying, "Worry Free Lobbying" by the Alliance For Justice. Training will take place in two parts of the state, on September 9th in Kansas City and September 10th in St. Louis.

PROBLEM IDENTIFICATION AND REFERRAL

FFY2001 (Compliance)

The Division continued to identify and respond to substance abuse-related problems of young children of women who are in treatment for substance abuse.

FFY2003 (Progress)

The Division provided age-appropriate, developmentally-based support services for children to break the cycle of inter-generation substance abuse. Screenings were conducted for each child under age 12 whose mother was admitted for residential treatment for substance abuse. The record documents the child's developmental, physical, emotional, social, educational, and family background and current status. If indicated by the screening, a qualified staff member completed an assessment. The assessment determined the appropriate therapeutic services to guide the development of an individualized treatment plan.

All programs providing specialized services to women and children address therapeutic issues relevant to children. Services are provided by staff who are qualified in child development, and who are knowledgeable about substance abuse prevention. Age appropriate activities, training, and guidance are offered on the following goals: to build self-esteem, to learn to identify and express feelings, to build positive family relationships, to develop decision making skills, to understand chemical dependency and its effects on the family, to learn and practice nonviolent ways to resolve conflict, to learn safety practices such as sexual abuse prevention and to address developmental needs. These activities were provided to enhance the social and family functioning and to increase resilience.

FFY2004 (Intended Use)

The Division will continue to identify and respond to substance abuse related problems of young children with mothers receiving treatment for substance abuse. As the Division moves towards best practice models, the appropriate programs will be reviewed to determine viability.

Problem identification and referral is a component of SPIRIT and will be carried out by providers in collaboration with school districts.

Missouri

Goal #3: Pregnant Women Services

FFY 2001 (Compliance):

The Division has maintained the delivery of specialized CSTAR services to pregnant women and mothers with dependent children. Missouri continues to offer CSTAR services to women and children suffering from the effects of substance abuse. CSTAR comprehensive programs allow women and their children to receive multiple levels of care depending on assessed need. CSTAR programs are available in each region of the state. The Division has maintained policies which require priority services for pregnant women. In FFY 2003, 307 pregnant women entered treatment upon request and received prenatal care and referrals in accordance with the requirements in the CSTAR Certification Standards and contract requirements. Nursing services are available at the program site and a community support worker assists the client with necessary medical referrals and scheduling of appointments. Childcare is provided on-site or arranged at all CSTAR programs specializing in treatment of women and children. Contract monitoring and certification surveys include a review that pregnant women are receiving first priority for services, that pregnant women are receiving prenatal care and that children are receiving safe and appropriate childcare. Monitoring schedules are current, and programs are generally in compliance.

FFY 2003 (Progress):

The Division continues to provide specialized CSTAR services for pregnant women and women with dependent children.

FFY 2004 (Intended Use):

The Division will continue to provide specialized CSTAR services for pregnant women and women with dependent children.

Missouri

Goal #4: IVDU Services

FY 2001 (Compliance)

The Division goals are to inform the treatment provider network of block grant intravenous drug abuser treatment requirements and include those requirements in provider performance contracts; review block grant requirements for intravenous substance abusers; train regional staff to understand the requirements and apply them to substance abuse treatment programs; and identify agencies out of compliance and facilitate an action plan to bring the contract into compliance.

FFY 2003 (Progress):

The Division has completed a review of the block grant requirements for intravenous substance abusers. The Division goal has accomplished consistent contract compliance monitoring, provision of responsive technical assistance, and provision of provider staff training to inform the treatment provider network of the block grant requirements for targeted treatment interventions with the high risk intravenous drug abusers.

The Division has utilized its Area Treatment Coordinators to monitor provider contract compliance. Regional staff has been trained to understand the requirements and to apply them to substance abuse treatment programs. Agencies found to be out of compliance were identified and an action plan to achieve contract compliance was required. Technical Assistance consultation and focused compliance reviews were applied to those treatment agencies serving large numbers of intravenous drug users to ensure consistent compliance and provision of high quality of service to the high risk intravenous substance abuser clientele.

FFY 2004 (Intended Use):

Regional staff will continue to monitor treatment agency compliance with treatment requirements for intravenous substance abusers. Agencies out of compliance will be identified and an action plan to bring the contracted provider into compliance will be required. Contract compliance monitoring will continue to include consistent provider application of these screening and intervention techniques to reduce the risk of infectious and blood borne communicable diseases which include TB, HIV/AIDS, STDs and Hepatitis.

Special consultation, technical assistance, and consistent review will continue to be applied to those treatment agencies serving large numbers of intravenous drug users to ensure compliance and their quality of service.

Missouri

Goal #5: TB Services

FFY 2001 (Compliance):

The Division continues to work closely with the Missouri Department of Health to access current information and training related to the prevention and treatment of tuberculosis in high risk groups. The Division requires linkages between substance abuse provider agencies and local health resources to facilitate tuberculosis screening and treatment for clients admitted to substance abuse programs.

FFY 2003 (Progress):

Contracted treatment providers were required to make tuberculosis skin testing available to all clients in their programs, unless they have previously tested positive. Some facilities provided on site testing while others referred clients to the local health departments. Treatment agencies were contracted to maintain successful working relationships with their local health departments to assist their staff with testing and monitoring efforts. Treatment providers ensured client access to TB testing at any time during their treatment. All treatment providers were obligated by contract to make appropriate referrals for persons seeking services who were not admitted to their program. Agencies did not deny access to treatment based on a positive test result when the individual did not have active disease. Referrals were made to other treatment programs as required to provide follow-up services in collaboration with the local health department. The Missouri Department of Health and Senior Services, Communicable Disease Prevention/Disease Investigation Unit continued to provide follow-up diagnostic services for individuals who could not afford the services or who had no insurance. The State Health Laboratory continued to provide TB testing serum to contracted treatment providers at no cost. Residential and methadone treatment programs continued to make arrangements to observe individuals taking preventative medicine for a positive tuberculosis skin test in cooperation with the local health departments.

FFY 2004 (Intended Use):

The Division will continue to make tuberculosis assessment, testing and educational services available to each individual receiving treatment for substance abuse in a consistent and routine manner. Consistent provision of these services will continue to be monitored by the Area Treatment Coordinators as a contract compliance issue. The Division will continue to collaborate with the Department of Health and Senior Services to provide training and technical assistance to assist treatment providers to effectively address the health issues and risks of the treatment population.

Missouri

Goal #6: HIV Services

FFY 2001 (Compliance):

The Division works closely with the Missouri Department of Health and Senior Services (DHSS) and the Centers for Disease Control to access current information and resources related to HIV and drug abuse. The Division provides ongoing assistance to the treatment provider network to assure that information and resources are available to serve clients who are HIV positive. Agencies providing contracted services for the Division of Alcohol and Drug Abuse perform an HIV/TB/STD/Hepatitis risk assessment for all clients. Clients who are assessed to be at high risk for disease are provided with pre-test and post-test HIV counseling. All on-site testing provider agencies have trained staff to provide this service and all other contracted substance abuse treatment providers are required to refer their clients to the local health department for pre and post test counseling and testing services. Provider staffs that perform pre and post HIV test counseling are required to have received HIV Risk Reduction Counseling training, which is provided by the Division to the providers at no cost.

The area treatment coordinators monitor the qualifications of staff conducting pre and post HIV test counseling to ensure compliance with pre and post testing counseling requirements. The Division's Certification standards require contracted treatment providers to educate their clients with information regarding HIV/AIDS (including related conditions), risk factors, preventive measures and the availability of diagnostic testing. The Division collaborates with the Missouri DHSS to provide cross-training to treatment provider staff to assist them serve their high risk clients. The DHSS provides current resource material, technical assistance for early HIV intervention services, and training to provider staff. The Division maintains a close cooperative partnership with the Missouri DHSS to assure that current training curriculum and resource materials available for use by the treatment providers are realistic and responsive in meeting the prevention needs of the targeted population with high HIV prevalence.

FFY 2003 (Progress):

Agencies providing services for the Division of Alcohol and Drug Abuse were contracted to complete an HIV/TB/STD/Hepatitis risk assessment for all clients. Those clients who were found to be at high risk for disease were referred to the local health department for testing and pre and post test counseling. The contracted treatment providers who had trained staff to perform pre and post test counseling on site continued to perform these counseling duties effectively. Seven contracted provider agencies statewide have continued to effectively perform on-site HIV testing. These providers submitted a monthly monitoring report to the Division which identified the total treatment population and the number of clients identified as a candidate for HIV testing, including the numbers of positive and negative test results. These providers have been monitored to assure that trained staff provide consistent referrals for testing, and appropriate education and responsive referrals to community health services as identified.

The Division's Treatment Coordinator has continued to be a permanent member of the

Governor's Council on AIDS. This multi-disciplinary team has served to coordinate state activities and service initiatives with agencies which include Department of Health and Senior Services; Department of Corrections; Department of Social Services, Division Medical Services; Department of Elementary and Secondary Education, Division of Vocational Rehabilitation; Governor's Council on Disability; Department of Public Safety; Department of Labor and Industrial Relations; representatives from contracted treatment providers; and consumers.

Active collaboration with the DHSS, Prevention and Care Section for Communicable Disease Prevention has continued to provide current training to health, substance abuse providers, and community prevention teams. Promotion of the collaborative treatment model has resulted in development of a comprehensive case management service delivery system which promotes effective and responsive HIV/AIDS case management with targeted at-risk substance abusing and intravenous drug users. The Missouri DHSS has provided on-site hepatitis training for treatment providers to provide them with current interventions to utilize with their at-risk targeted population. The DHSS has also assisted with provision of HIV/AIDS/Hepatitis training at the annual Department of Mental Health Spring Training Conference.

FFY 2004 (Intended Use):

The Division will continue to perform consistent monitoring of incidence rates of HIV/AIDS and work collaboratively with the Department of Health and Senior Services to identify effective prevention and treatment interventions to address the specific treatment needs of the at risk treatment populations in Missouri. Consistent collaborative methods will continue with the DHSS to provide health and treatment services which are supportive, comprehensive, and integrated. Division staff will continue to identify more effective collaborative activities with other state agencies to promote effective cross-training and continued resource development. Continued collaboration with the DHSS encourages integration of service delivery with enhanced access to effective health services and coordination of health and treatment services.

The DHSS and the Division will continue to work collaboratively to provide cross-training and treatment provider training to encourage promotion of the CDC's initiatives to reduce the spread of sexually transmitted diseases.

The Division will continue to monitor the treatment site incidence rate of HIV/AIDS, TB, and Hepatitis. Monitoring will continue to encourage effective treatment interventions to address the health issues of Missouri's targeted at-risk treatment population. The Division will support the efforts of the CDC to adopt the OraQuick testing practices to increase access to early diagnosis and referral in the substance abuse treatment setting. The Division will continue to require that all treatment providers who perform on-site testing are trained to perform pre and post test counseling. Technical assistance and training to provide this counseling service will continue to be provided to treatment providers.

The Division will continue to encourage contracted treatment providers to obtain releases of information to promote reporting of new client incidences of HIV to the DHSS Communicable Disease Prevention/Disease Investigation Unit to permit effective partner notification.

The Division will continue to encourage contracted treatment providers to develop and maintain prevention partnerships with their local Community Planning Groups to promote greater awareness of the prevention needs and effective interventions to utilize with at-risk treatment populations in a collaborative effort to reduce the risk for contracting and spreading sexually transmitted diseases.

To further decrease perinatal HIV transmission of HIV, the Division will encourage and support the CDC initiative to routinely include HIV testing of all pregnant women and the screening of any infant whose mother has not been screened. The Division will encourage adoption of the “opt-out” screening approach so that an HIV test will be routinely included in the standard battery of prenatal tests for all pregnant women with the mother’s option to decline this testing. The expectation will be that the “opt-out” prenatal maternal screening and mandatory newborn screening will achieve higher maternal screening rates than the “opt-in” prenatal screening method. The Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) programs for women and children will be encouraged to promote routine HIV testing for all pregnant clients and mandatory screening of all newborns as a more effective early prevention method.

Missouri

Goal #7: Development of Group Homes

Compliance

FFY 2001 – The Missouri Department of Mental Health, Division of Alcohol and Drug Abuse assisted in opening safe and affordable housing for individuals completing alcohol and/or drug treatment. Since the revolving loan fund was established, there continues to be a need to secure and support group homes for recovering substance abusers in the state of Missouri. Housing Specialists continue to monitor and provide technical assistance to 62 houses (50 houses for men and 12 houses for women). During the FFY 01, three loans were approved to open one women's house and two houses for men.

Progress

FFY 2003 – Continued support of the Oxford House program by the Missouri Department of Mental Health is paramount in addressing the needs of recovering substance abusers. A total of sixty five houses exist in seventeen cities across the state with the number of beds totaling 475. This is the highest number of houses and beds ever provided since the first Oxford House was opened in Missouri in July, 1989.

Intended Use

FFY 2004 - The housing needs of recovering alcoholics and substance abusers will continue to be a high priority in the future. The state of Missouri will support the group home program to assure adequate housing for individuals completing alcohol and/or drug treatment and who are seeking safe and affordable housing. The Department of Mental Health will continue to assist in opening houses and providing technical assistance to the Oxford House program.

Missouri

Goal #8: Tobacco Products

FFY 2003 (Compliance Progress):

The state of Missouri has a State law that makes it illegal to sell tobacco products to minors. The State enforces this law through surveillance activities by the Missouri Division of Liquor Control. From August 2002 to July 2003, arrests were made for sale of tobacco to a minor (25), unlawful sale or distribution of individual cigarettes (11), unlawful sale of individual packs of cigarettes or smokeless tobacco (4), possession or attempt to purchase tobacco by a minor (370), and misrepresentation of age to purchase tobacco by a minor (2). The Division of Liquor Control also provides Server Training to retailers - covering responsible business practices concerning the sale of alcohol and tobacco products. From July 2002 thru June 2003, 233 Server Trainings were conducted with a total of 3,686 attendees.

The Division of Alcohol and Drug Abuse conducts youth-attempt-to-purchase checks year-round as part of its merchant education activities. From August 1, 2002 through July 31, 2003, there were 4,719 checks (includes Synar checks) completed. Of these checks, 502 (10.64%) resulted in the issuance of caution cards. During this time period, 580 caution letters and 4,832 congratulatory letters were mailed to tobacco retailers as a result of the checks. In addition, the division's prevention network engaged in phone call contacts and walk-in visits from March through June 2003. During these visits, educational materials were distributed to owners, managers, and employees. In March 2003, 5,315 outlets were contacted by phone. From April through June 2003, 18,809 walk-in visits were conducted and over 6,000 outlets received at least one visit.

The State of Missouri has realized a non-compliance rate below the 20% target rate established by the Synar requirements for the fourth year in a row. With a non-compliance rate of 8.9%, the current FFY Compliance Year is the lowest rate to date ; down from a high of 40% (FFY 1997 Application).

FFY 2004 (Intended Use):

In FFY 2004, the Division of Liquor Control will continue with enforcement of the State's tobacco laws. It is anticipated that such enforcement will take the form of surveillance activities. In addition, the Division of Alcohol and Drug Abuse will continue with its merchant education activities including compliance checks whereby caution or congratulatory cards are issued to clerks. Follow-up letters will be mailed to owners/managers. In addition, it is anticipated that walk-in visits by the division's prevention teams will continue in FFY 2004. As the lead Synar agency, the Division of Alcohol and Drug Abuse is committed to keeping the State's non-compliance rate below 20% and will continue to engage in comprehensive, statewide efforts to educate merchants on the state's tobacco laws.

Missouri

Goal #9: Pregnant Women Preferences

Goal # 9

--An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FFY 2001 (Compliance):

The Division has developed specialized Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs for women and their children. The CSTAR Women and Children's programs in the state require that pregnant women receive priority admission status. Specifically, the CSTAR Certification Standards state in 9 CSR 30-3.190(1), "The program shall provide treatment, rehabilitation, and other CSTAR services solely to women and their children. (A) Priority shall be given to women who are pregnant or postpartum. 1. The program shall engage in all activities necessary to ensure the actual admission of and services to those women who are pregnant or postpartum." Division contracts for Women and Children's CSTAR programs require adherence to the above standard and all applicable certification standards.

FFY 2003 (Progress):

Annual certification surveys and contract compliance reviews have determined that all agencies have followed this policy and admitted pregnant women immediately into treatment.

FFY 2004 (Intended Use):

Annual certification surveys and contract compliance reviews will continue to monitor agencies and ensure that this standard regarding priority status and immediate admission for pregnant women is followed.

Missouri

Goal #10: Process for Referring

GOAL #10

--An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FFY 2001 (Compliance):

Data from the St. Louis Targeted Cities program permitted the Division a unique opportunity to evaluate the quality of client agency matching, client progress in treatment, and treatment outcomes. The standard computerized client assessment tool developed during this grant, Initial Standardized Assessment Protocol (ISAP), has enhanced the ability to identify individual level of care for each client. This tool has allowed greater utilization review and outcome measure data collection. CSTAR treatment providers statewide have been trained to use the ISAP. The ISAP identifies the level of treatment appropriate for the individual. All of the CSTAR programs are using the ISAP and batching information to a data warehouse for information retrieval by the Division. Staff of the Division review utilization data on an agency-by-agency basis to identify major trends, problem areas, and successful outcomes. Providers are utilizing the computerized ISAP to assure correct level of services provided to individuals. The tool permits greater ability to perform utilization review and outcome measurement.

FFY 2003 (Progress):

Use of the ISAP to improve appropriate level of services for individuals accessing treatment has been expanded to all Division contracted programs. Contract amendments were made and training was conducted to utilize the ISAP Statewide in all treatment programming. An Internet web based version of the ISAP has been developed and data stored on a Virtual Private Network for confidentiality. Pilot programs tested the new version of the ISAP and preliminary reports were developed. Agencies are gaining access to the Internet version of the ISAP called the "Outcomes Web". Most contracted agencies are using the Internet version of the ISAP which contains the Addiction Severity Index and the ASI-Mini.

FFY 2004 (Intended Use):

The goal is to use the web based version of the ISAP statewide. The Division will continue to review utilization data to identify patterns of success by agency. The Division is working on fine-tuning the ability to retrieve data in a meaningful fashion. The Division will continue to implement the outcomes measurement plan and assure reliable outcomes data is being collected to meet the federal requirements.

Missouri

Goal #11: Continuing Education

GOAL # 11

49;49; An agreement to provide continuing education for the employees of facilities which provide prevention activities and treatment services (See 42 U.S.C. 300x49;28(b) and 45 C.F.R. 96.132(b)).

FFY 2001 (Compliance):

The Division's annual Spring Training Institute, held May 14-16, 2001 was attended by over 750 prevention and substance abuse treatment staff. National and local experts presented on a wide range of topics, including co-occurring disorders, compulsive gambling, motivational interviewing, multicultural issues, and prevention/intervention programming.

A statewide Alcohol Awareness Day event was held on April 17, 2001 in Jefferson City, Missouri to coincide with Alcohol Awareness Month. Over 300 substance abuse prevention and treatment professionals attended. Governor Bob Holden, Lt. Governor Joe Maxwell, and Rick Sampson of CSAT addressed the participants. Workshop topics included high risk drinking on college campuses; a presentation from the Missouri Recovery Network; and implementing research-based, best practice programming.

The Division of Alcohol and Drug Abuse conducted a statewide survey of its providers to assess training needs and interests. Based on the results of the survey, the Division, in collaboration with the Mid-America Addiction Technology Transfer Center, Kansas City, developed a *Summer Institute* of training courses that were offered in five regions of the state, June, 2001 – August, 2001. Courses included: Treatment for Adults with Co-Occurring Disorders; Developing Outcomes Monitoring Systems; Senior Citizens and Substance Abuse-Special Issues; and, Group Therapy for the 21st Century.

The Division's annual Program Directors Conference was held September 18-20, 2001. Topics included HIPAA compliance, funding opportunities for substance abuse prevention and treatment services, drug courts, and research to practice. The National Institute on Drug Abuse, CSAT, and NASADAD will be providing presenters for the conference.

The annual training calendar, developed by Mid-America Addiction Technology Transfer Center, was expanded to include a track for professional development and certification for prevention staff. These courses are offered statewide, at a reduced fee, for all agencies that have a treatment or prevention contract with the Division of Alcohol and Drug Abuse. Courses offered a wide range of interests including ethical issues in alcohol and drug abuse counseling, self-help in recovery, theories of counseling, and crisis prevention and intervention.

Training for Prevention providers focused on topics such as "outcomes", "club drugs", "substance abuse prevention specialist", and "marketing for social change". A variety of venues were used including town meetings, collaboration with SWCAPT and CADCA, National Guard, and the West CAPT TOT model. A total of 17 different training opportunities were provided with an average attendance of 73 participants.

FFY 2003 (Progress):

An Alcohol Awareness Day reception was held at the Governor's Mansion on April 16, 2003. First Lady Lori Hauser-Holden read the proclamation for Alcohol Awareness Month. The focus was on underage drinking. The program included Michael Couty; Director, Division of Alcohol and Drug Abuse, Daryl Lynch, M.D.; President of Missouri Chapter on American Academy of Pediatrics, Ross Branson and Adam Flores; actors in the "Alcohol. Is it worth it?" campaign and strong drug-free advocates, and a special performance by the Safety Kids. Other department and division directors from various agencies along with legislators also attended this event. Underage drinking information and other educational materials were available. Over 100 substance abuse prevention and treatment professionals and youth attended.

The Division supported the attendance of support center staff and coalition members at the workshop "Empowering Missouri Communities to Clear the Air of Secondhand Smoke" sponsored by the Department of Health and Senior Services. This workshop was held on March 18-19, 2003. Agenda items included: Role of Government Employees in Community Movements, planning for smoke free ordinance or smoke free school campus program, developing strong coalitions, and using the media. A second workshop was held on May 20-21 addressing "Building Political Power For Clean Indoor Air. Support center staff and coalition members were educated on assessing the political climate regarding smoke-free ordinances, strategizing effective ways to influence undecided political and business leaders, and determining what segment of the community to target for an educational campaign.

The Division's annual Spring Training Institute held May 28-30, 2003, was attended by over 800 prevention and substance abuse treatment staff. National and local experts presented on a wide range of topics, including prevention and early intervention, trauma, opioid treatment, children and youth, hot topics, co-occurring disorders, full community membership, serving people with developmental disabilities, and criminal justice and other areas of interest. The Center for Substance Abuse Treatment provided technical assistance with speakers on the topics of working with clients who are trauma survivors, opioid treatment, and cultural competency. Parenting as Prevention and Strengthening Our Families Program was presented by Karol Kumpfer, Ph.D. In an effort to promote collaboration among the many entities that provide services to substance abuse clients and their families, the Department of Mental Health's Division of Comprehensive Psychiatric Services and Division of Mental Retardation and Developmental Disabilities also participated in this training event. In addition, staff from the state's Division of Family Services, Vocational Rehabilitation, Corrections, and Health and Senior Services also attended.

Training of teachers and contractor staff participating in the Missouri SPIRIT was initiated. District and contractor staffs were trained in implementation of Positive Action for Living in July; a training of trainers for PA also took place in July. These training events were supported by CSAP. Implementation and training of trainers for the Positive Action curriculum and Peace Builders was conducted. The CSAP model programs contractor provided support for the Positive Action training. Project staff from Community Partnership of the Ozarks (CPO) trained Knox County teachers and contractor staff in implementation of the Life Skills Training curriculum. The CPO trainers are certified to train Life Skills Training implementation.

Trainers from Reconnecting Youth provided implementation training for school and contractor staffs November 12-16, 2002 in Jefferson City.

Training on the Health Insurance Portability and Accountability Act (HIPAA) has been offered to providers on a regular basis throughout the year. The Department of Mental Health's HIPAA Core Team provides the training.

Throughout the year, staff of the Division of Alcohol and Drug Abuse Treatment Team have provided on-site training to substance abuse treatment providers in the areas of treatment planning, documentation, peer review/consultation, federal confidentiality regulations, ethics, and self-directed work teams. This training is tailored to meet the individual needs of the provider.

The Statewide Training and Resource Center implemented training for Regional Support Center staffs and community leaders. The training focus included community assessments, risk and protective assessment, and advocacy training. The substance abuse prevention specialist (SAPS) training continues to be offered. Their annual conference, Prevention Forces in the Field, Strengthening Families and Communities in Stressful Times, was held on July 23-24, 2003 in Kansas City, Missouri. A few of the sessions offered were: making healthy connections between life and work, focusing on the importance of results and measurable outcomes, locating hidden sources of grant funding and writing persuasive successful grant applications, and learning to better articulate the visions we share.

Prevention training will also include curricula training for the CSAP model programs to be implemented in the Division's School-based Prevention, Intervention, and Resource Initiative (SPIRIT) pilot sites. The Strengthening Families Training is scheduled for August 4-5, 2003 at the National Guard Training Facility in Jefferson City. This is a training of implementers rather than a training of trainers.

The Division began discussions with DHSS concerning duplicating the teen advocacy program called "Smokebusters" throughout the state of Missouri. Plans are being made to have our support center staff attend an upcoming Smokebusters training in the northeast part of the state.

Training on additional curricula to be implemented through Missouri SPIRIT will continue. Implementation training for *Peace Builders*, *Life Skills Training*, and *Positive Action* will continue to be offered to contract staff and teachers through staff who have are certified to provide the training within the state.

The Division and the Missouri Partnership on Smoking or Health will co-sponsor a workshop for community coalitions and regional contractors on understanding the difference between education and lobbying, "Worry Free Lobbying" by the Alliance For Justice. Training will take place in two parts of the state, on September 9th in Kansas City and September 10th in St. Louis.

The Missouri SPIRIT program is progressing. Training took place this fiscal year. District and

contractor staffs were trained in implementation of Positive Action for Living (PA) in July; a training of trainers for PA also took place in July. These training events were supported by CSAP. Project staff from Preferred Family Healthcare attended training in the implementation and training of Peace Builders, which is being implemented in Knox County and Carthage. Project staff from the Community Partnership of the Ozarks (CPO) trained Knox County teachers and contractor staff in implementation of the Life Skills Training curriculum. Project staff from Preferred trained Carthage teachers and contractor staffs in implementation of the Peace Builders curriculum. Project staff from NCA-St. Louis trained New Madrid County teachers and contractor staffs in implementation of Positive Action curriculum. Trainers from Reconnecting Youth provided implementation training for school and contractor staffs November 12-16, 2002 in Jefferson City.

A Prevention Workforce Development Task Force was convened by the Prevention Section of ADA. Convening of the Task Force was prompted by 1) the recent ADA/DMH rule making process, 2) comments received and questions asked during the recent CSAP site visit to Missouri, and 3) reviews of how the present certification process actually works in the field. The workforce development taskforce has been charged with 1) identifying salient workforce development issues, 2) proposing recommendations for changes to the Division of Alcohol & Drug Abuse Core Standards and 3) developing an action plan to further the development of prevention professionals within Missouri's prevention system. The Task Force composed of Division staff, providers, and outside prevention professionals conducted a survey to identify issues for training through the assessment of prevention professionals throughout the state. The Southwest CAPT liaison served on the Task Force.

FFY 2004 (Intended Use):

The Spring Training Institute will continue to be held on an annual basis. Continued collaboration with the Mid-America Addiction Technology Center, CSAT, and CSAP will also ensure that employees of treatment and prevention agencies in Missouri receive training and education on state-of-the art prevention and treatment techniques.

Division of Alcohol and Drug Abuse staff will continue to provide on-site training for its contracted service providers in the areas of treatment planning, documentation, peer review/consultation, federal confidentiality regulations, and self-directed work teams. Additional training may be developed based on the needs of the providers.

The Division will continue providing training, education, and technical assistance through the Missouri Substance Abuse Prevention Resources Support Network. Training, technical assistance, community development, program development, and consultation will continue through ADA regional offices, the regional support centers, the statewide resource center, and by collaboration with other agencies and organizations. As the Division moves towards greater accountability, the focus of training, education, and technical assistance will be targeted prevention initiatives based on CSAP's best practice program recommendations. A training plan based on the Workforce Development Plan will be developed to increase the access to the trainings.

The Division will continue the collaborative efforts with CSAP's Southwest Center for the Application of Prevention Technology to identify prevention trainers, topics, and techniques.

The Prevention Workforce Development Task Force Survey results will be reviewed to guide the training needs of prevention professional staff. Additionally, the Task Force recommendations for certification of prevention professionals will be considered in revision of the Division's Core Standards. The Southwest CAPT liaison will provide technical assistance for the Core Standards revision.

Missouri

Goal #12: Coordinate Services

GOAL # 12

-- An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FFY 2001 (Compliance):

The Division of Alcohol and Drug Abuse has made a significant effort to provide early targeted prevention and adolescent treatment to children and adolescents and can document significant reductions in substance use by Missouri high school seniors. Research data indicates drug and alcohol rates of use to be dropping to the following levels: Alcohol use dropped from 62.2% in 1997 to 57.2% in 1999; Binge drinking decreased from 51.3% in 1997 to 38.7% in 1999; Cigarette use from 48.2% in 1997 to 33.5% in 1999; Marijuana use from 34.9% in 1997 to 24.5% in 1999; Cocaine use from 6.7% in 1997 to 2.1% in 1999. Through an expansion in the number of adolescent treatment centers and an expansion in targeted prevention efforts, which began in FY 1998, the Division is making an impact with youth and their families. In addition to the targeted prevention programs and the increase in the number of adolescent treatment centers, the Division has made an intensive effort to reduce the sale and use of tobacco to and by minors. By collaborating with the FDA and local community prevention coalitions to monitor outlets and enforce regulations, the sale of tobacco products to minors has dropped significantly.

The Division, in collaboration with the Missouri Department of Elementary and Secondary Education and the Missouri Institute of Mental Health, initiated development of a school-based prevention and intervention initiative. This initiative is being planned to provide a universal, selective, and indicated preventive interventions to children grades k – 12. In each of the sites, relationships will be established with existing adolescent treatment service providers.

Certification standards 9 CSR 10-7.010 Treatment Principles and Outcomes states “(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

3. To best ensure each individual’s access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual’s recovery goals.”

Regarding Adolescent CSTAR programs, “Cooperation with other youth-serving agencies shall be demonstrated in order to ensure that the needs of youth in treatment are met and that services are coordinated. Coordination of service needs are critical with youth due to their involvement with other community agencies and reliance on the family, as well as the fact that substance abuse affects multiple life areas.” “Coordination of education for adolescent clients during treatment is required by standards.

All clients in CSTAR programs are offered a Community Support Worker whose responsibilities include “activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client’s adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility.” The community support worker arranges, refers, and monitors services external to the CSTAR program.

Each CSTAR Women and Children's program is required to provide a child care and development program for the children of women who are concurrently receiving treatment. Each center, as required in certification standards, must design appropriate services that address the following goals: building self esteem; to learn to identify and express feelings; to build positive family relationships; to develop decision making skills; to understand chemical dependency as a family illness; and to learn and practice non-violent ways to resolve conflict. Each child receives an individual assessment to determine his/her needs and appropriate intervention or referral is arranged. Children can receive individual and family therapy and group codependency counseling from qualified personnel. The mothers receive extensive weekly training on parenting skills and supervised parent/child bonding time to practice the new skills.

The women and their children receive residential support or supportive housing to assure a safe drug free environment. All women and children who enter treatment are provided health screenings by registered nurses to identify health deficits or needs for medical intervention. Close association with local health clinics provides prenatal care, immunizations and other preventive techniques to increase the well being of mothers and their children. For women receiving day treatment and outpatient services transportation is available to and from the facility.

FFY 2003 (Progress):

The CSTAR program certification standards continue to require the above-mentioned activities. The Division continues to be involved in collaborative activities with multiple community agencies, support groups, and other state agencies to train and intervene when early symptoms and risk factors for substance abuse are identified. The Division has provided numerous technical assistance visits and statewide meetings of providers to motivate and encourage creative engagement of families with multiple stress factors.

During FFY 2003, the Division initiated implementation of the Missouri School-based Prevention and Intervention Initiative (SPIRIT), which involves a community-based prevention provider agency paired with a school district. Missouri began with these five provider/school district pairs:

- Swope Parkway Health Center, Kansas City, MO and Hickman Mills C-1 School District, Kansas City, MO.
- Preferred Family Healthcare, Kirksville, MO and Knox County R-1 School District, Edina, MO.
- National Council on Alcoholism and Drug Abuse, St. Louis, MO and Jennings School District, Jennings, MO.
- Community Partnership of the Ozarks, Springfield, MO and Carthage R-9 School District, Carthage, MO.
- Family Counseling Center, Kennett, MO and New Madrid County R-1 School District, New Madrid, MO

In the initial school year, Missouri SPIRIT provided evidence-based prevention programs to 3,893 students in grades K–12. The curricula used are *Positive Action*, *Life Skills Training*, *PeaceBuilders*, and *Reconnecting Youth*. Prevention providers also assist school personnel with identification and screening of students exhibiting problem behavior.

Missouri SPIRIT proposes to delay onset or decrease substance use, improve overall school performance, and reduce incidents of violence. The Missouri Institute of Mental Health is conducting the multi-site evaluation. Three types of data are collected: individual, school or group, and program fidelity. In order to participate in the evaluation, both parental consent and student assent are required. A total of 1,445 students are participating in the evaluation. The following measures are being used: Teacher Observation Checklist, California Healthy Kids Survey, the Missouri Student Survey and Supplemental Survey, SPIRIT Fidelity and Quality of Program Implementation Report, and the teacher-completed SPIRIT Initiative Questionnaire. Additional data collected on individual students includes grades, achievement test results, school attendance, suspensions, incidents of violence, race, age, and gender. School level data are those that serve as indicators for each grade as a whole whether or not students were involved in the evaluation.

FFY 2004 (Intended Use):

The Division will continue to require coordination of substance abuse treatment with external resources to meet the needs of the clients. Housing, transportation, vocational rehabilitation, education, family services and legal issues will continue to be addressed in CSTAR programs. Services will continue to children being treated concurrently with their mothers in the women and children's CSTAR programs.

The Division will continue implementing the Missouri SPIRIT program and its evaluation. One district is expanding the number of classrooms involved in the project and one district is changing the curriculum used in the primary grades, K-4.

In 2004, the third Missouri Student Survey will be administered. This year, the Division is collaborating with the Department of Elementary and Secondary Education (DESE) on the administration of a single survey instrument to replace the use of separate instruments by DESE and the Division. The Missouri Student Survey will be used by local school districts and the Division for planning and program development.

The Division will continue development and probable implementation of specialty programming for the children and youth of women receiving services through the CSTAR program. Evidence-based curricula, e.g., the *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma*, will be implemented in Women and Children CSTAR sites.

Missouri

Goal #13: Assessment of Need

GOAL #13

An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FFY 2001 (Compliance):

The Division began conducting the household survey and the jail inmate interviews for Missouri's second State Treatment Needs Assessment Program (STNAP) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). Start-up of the project began in FFY 2000. The Household Study involves computer-assisted telephone surveys with approximately 5,000 adults and 2,000 adolescents. The Jail Study consists of interviews with 350 male and 150 female inmates of three county jails and one city jail in two large and two medium-size cities.

In FFY1999, the Division began conducting a family of interrelated state prevention needs assessment studies (CSAP Contract No. 277-98-6020). Funding through this contract allowed the state to significantly enhance data collection efforts and to establish a baseline for planning. Four studies are being conducted under this contract: Prevention Needs of Statewide School-Aged Population, Assessing Prevention Needs Using Social Indicators, Assessment of the Current Prevention System, and Integrative and Systems Development. A fifth study, Prevention Needs of Childbearing Women, will not be conducted per agreement between CSAP and the Division. The first study, Prevention Needs of Statewide School-Aged Population, *Substance Use, Delinquent Behavior & Risk and Protective Factors Among Students in the State of Missouri: 2000*, was conducted in February 2000 and the report published in February 2001. The 2002 Missouri Student Survey was administered to over 10,000 Missouri students. Plans were made--including pulling a sample--and Institutional Review Board (IRB) approval received to administer the 2002 Missouri Student Survey. The Missouri Institute of Mental Health (MIMH) was under contract to conduct the 2002 survey. Work was in progress on the other Prevention Needs Assessment studies.

FFY 2003 (Progress):

Data analysis was completed for the household survey and the jail inmate interviews. The Jail Study was finalized in July 2003 and the Household Study is scheduled for completion in August 2003. The final product, the Integrative Study, will be completed in September 2003. The three reports will be available on the Division's website in the fall of 2003.

The second Missouri Student Survey was conducted in February 2002 and the final report delivered in June 2002. It has been posted at a website established by the Missouri Institute of Mental Health (MIMH) specifically for the survey report. The website contains information for parents, students, teachers and administrators in addition to the complete survey. The other Prevention Needs Assessment studies were completed and reports delivered. The Division posted the results of the *Assessing Prevention Needs*

Using Social Indicators on its website to make it available to the general public. The other two reports, *Assessment of the Current Prevention System* and *Integrative and Systems Development*, are available in paper copies. The Division developed and submitted an application for a State Incentive Planning Grant.

FFY 2004 (Intended Use):

In early FFY 2004, the three reports from the STNAP study -- *Substance Abuse and Need for Treatment Among Missouri Jail Inmates, 2001*; *Substance Use and Need for Treatment among the Household Population in Missouri, 2001/2002*; and *Integrated Population Estimates of Treatment Need in Missouri, 2002* -- will be posted to the Division's website. Summary data from the studies will be included in the *Status Report on Missouri's Alcohol and Drug Abuse Problems—Tenth Edition, January 2004*. Prevalence data will also be used in future budget preparations, needs assessments, public information materials, planning projects, and other administrative functions.

The Division will administer the 2004 Missouri Student Survey in 2004. It will be automated and will integrate an incidence and prevalence survey formerly distributed by the Missouri Department of Elementary and Secondary Education (DESE). MIMH, the Prevention Unit's evaluation and survey contractor, will make revisions to the survey based on the 2002 experience and use of the survey as part of Missouri SPIRIT. The 2004 Missouri Student Survey will be the first time that DESE and the Division have collaborated to develop a single survey that will collect data on incidence and prevalence and on risk and protective factors, and that will meet both agencies' planning needs by providing data at the school district, county, and statewide levels. The Division will develop school-age youth substance abuse and delinquent behavior trend data and risk and protective factor profiles. The Division will develop a systematic, data driven approach to estimate prevention needs statewide and regionally, and will determine the nature and extent of Missouri's existing prevention resources. The needs assessment data will be used to initiate a prevention planning process.

Missouri

Goal #14: Hypodermic Needle Program

GOAL # 14 An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FFY 2001 (Compliance)

The Division has continued the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs. The Division's contracts with treatment providers state: "The contractor agrees and understands that payments received under the contract SHALL NOT be expended in the following manner: to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection."

Contract providers are required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy has been ensured through contract monitoring by the Area Treatment Coordinator.

FFY 2003 (Progress)

The Division has continued the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Contract providers are required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy has been ensured through contract monitoring by the Area Treatment Coordinator.

FFY 2004 (Intended Use)

The Division will continue the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Contract providers will continue to be required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy will be ensured through contract monitoring by the Area Treatment Coordinator.

Missouri

Goal #15: Independent Peer Review

GOAL # 15

-- An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FFY 2001 (Compliance):

The Division of Alcohol and Drug Abuse complied with all activities stated in the FFY 2001 Block Grant. Seven independent peer reviews were conducted in FFY 2001. The contracts for treatment providers require that they make available staff to perform peer reviews of other agencies in the state.

FFY 2003 (Progress):

The Division has completed seven peer reviews for FFY 2003. Reviews were conducted in each region of the state.

FFY 2004 (Intended Use):

As part of the Division's commitment to the quality of care for the clients we serve, the Division plans to continue the process of completing peer reviews in each region of the state annually. Peer review information will be disseminated to the appropriate sources to assure quality service.

Missouri

Goal #16: Disclosure of Patient Records

FFY 2001 (Compliance):

The Division has complied with all policies regarding patient confidentiality and has monitored agency compliance with Division policies regarding confidentiality. The Division's policy regarding confidentiality is in accordance with the Department of Health and Human Services Final Rule 42 C.F.R. part 2, Confidentiality of Alcohol and Drug Abuse Patient Records. Confidentiality is of utmost priority for the Division and is addressed in the administrative rules for service providers. Confidentiality is also addressed in the specific contract language for each service provider. Contractors are monitored annually through certification surveys and through contract compliance visits to ensure compliance with confidentiality rules and regulations.

FFY 2003 (Progress)

The Division continued policies regarding confidentiality as well as utilizing the monitoring process to ensure compliance with regulations regarding confidentiality.

FFY 2004 (Intended Use)

The Division will continue current policies regarding patient confidentiality and will continue to monitor agency compliance with Division policies regarding confidentiality.

Missouri

2. Planning

In a narrative of up to three pages, describe how your State carries out sub-state area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-state planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. States are required to utilize data from CSAT or CSAP needs assessment contracts. If the State does not use this data explain why. If there are any State, regional, or local advisory councils, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need.

For many years, the Division of Alcohol and Drug Abuse has geographically configured Missouri into 20 planning areas, identified as Service Areas. Each Service Area consists of one or more counties, with some of the rural Service Areas encompassing up to nine counties. To effectively and equitably allocate increases in treatment program funding during the late 1990s, the Division articulated a goal to improve client accessibility by providing a comprehensive array of substance abuse services, as well as some core mental health services, within each Service Area. Beginning in 1999, the Division developed a three-stage needs assessment that consisted of an inventory of services, an estimate of magnitude of need, and a determination of unmet need within each Service Area. An allocation methodology was developed to prioritize expansion of services in each Service Area. Missouri's first State Treatment Needs Assessment Program (STNAP) integrative study had recently been completed, which estimated needs for each of the Division's administrative regions but not for the Service Areas. An expert panel was assembled to review correlate research and identify and weight a variety of substance abuse indicators including individual and family poverty; domestic violence; child abuse and neglect; juvenile law violations and status offenses; juvenile alcohol and drug offenses; high school dropouts; adult crime; drug arrests; unemployment; substance abuse related emergency department visits; and adolescent and adult population data. County-level data for these events was used to disaggregate the regional treatment needs estimates. The Division's client information system was used to determine the number of residents receiving treatment in each Service Area, and estimates were derived of the number of residents with unmet need who would qualify for and access publicly-supported services.

The Division envisioned that the Service Area inventory and treatment needs estimates would drive fair, logical, defensible, and effective decisions regarding the allocation of treatment resources, resulting in greater system efficiencies and a reduction in the treatment gap. That process anticipated continued growth of treatment funding and the stability of existing programs and services. However, during the last two years, Missouri general revenue has declined and the costs associated with some mandated programs have increased sharply. The Division has experienced fiscal year budget reductions supplemented by additional withholds ordered within the fiscal years. The string of budget crises has forced the Division to shift much of its planning and budgeting priorities toward maintaining the viability of the core treatment system infrastructure and complying with federal maintenance-of-effort requirements. Non-Medicaid services are becoming more vulnerable because the Division is increasingly utilizing general revenue funds for the state's match on Medicaid-eligible services. The cutbacks will have

especially large impacts on residential services, rural areas, and adult males. Criminal justice referrals increasingly dominate treatment admissions, thereby magnifying the constraints on the treatment system. Unemployment in Missouri has increased from annual average rates of 3.4% in 1999 and 2000 to 4.7% in calendar year 2001 and 5.5% in 2002, further impacting substance abuse and treatment admissions. Missouri continues to be a leading state in the illicit production and use of the stimulant drug methamphetamine. Thus, the Division cannot serve all residents who need treatment or even all who request it. The Division will be monitoring its programs and waiting lists to ensure that those clients with federal and state mandated priority status and those with court-ordered treatment are served first. Aside from these populations, the Division will maintain an infrastructure of services in Missouri's large cities that have the highest prevalence and need for substance abuse services.

Historically, the advisory council network has served as an important link between the public and the Division of Alcohol and Drug Abuse. Regional Advisory Council members are familiar with local treatment and prevention programs, barriers to accessing services, and the challenges of serving their specific minority populations. A few years ago, a process was developed for the Regional Advisory Councils to meet with the ADA regional staff to discuss needs, formulate proposals for system enhancements, and submit them to the State Advisory Council for review and endorsement. However, budget reductions have required changes in ADA's administrative oversight. In SFY 2002, the number of administrative regions was reduced from six to five, and in SFY 2004 the Division established three administrative districts.

Missouri's second STNAP integrative study will be completed by the end of FFY 2003. It is intended to produce treatment needs estimates for most or all of the Service Areas based on a jail survey conducted in 2001, a household survey conducted in 2002, and data modeling. The new study will enable the Division to revise estimated treatment need and unmet need in each Service Area, thereby minimizing the impact of any future funding reductions and maximizing the impact of any increases.

The Department of Mental Health and its divisions, including the Division of Alcohol and Drug Abuse, have developed a Strategic Plan which is updated annually through coordination with the Governor's office. The Strategic Plan must dovetail with sub-state planning because the programs required to meet the plan's objectives are given priority funding and are implemented in many parts of the state, primarily by the Missouri Substance Abuse Prevention Resource Network. Progress toward accomplishing each objective in the Strategic Plan is tracked using quantifiable measures derived from data collected annually. These measures are recorded in the Department's Strategic Plan Information Network web-based application.

The Division completed implementation of the CSAP State Prevention Needs Assessment project. One goal of the project was to develop statewide and regional estimates of prevention need. This goal was expanded to establish Service Areas as the unit of analysis for prevention planning in order to be consistent with treatment planning. During FFY 2000, the CSAP Needs Assessment protocol "Student Survey" was completed with a response rate of approximately 80% from a random sample of 342 public and private schools. The survey was implemented with the collaboration of the Missouri Department of Elementary and Secondary Education. The report of the student survey, *Substance Use, Delinquent Behavior, and Risk and Protective Factors Among*

Students in the State of Missouri: 2000, was delivered to the state in February 2001. The report and Executive Summary were posted on the Division's web site, as well as on the Governor's and Department of Mental Health's web sites. The Division provided participating school districts with individual reports along with documentation on how to use the data. The survey results constitute the baseline data for measuring outcomes from prevention efforts. The survey was administered again in 2002 and will be administered every even numbered year. All schools previously surveyed were used plus additional schools within the district. The random sample was stratified by region. Over 12,000 students participated in the resurvey. The results were provided to the districts along with information on risk and protective factors. Another goal of the CSAP contract is to assess prevention needs using social indicators and synthetic estimates. Data collection was completed in FFY2001, and a report on the social indicators study was developed, including a methodology to derive future estimates of need based on current data. The social indicators study used counties as the geographic unit. This is consistent with prevention's move away from Service Areas to counties as the base geographic unit. The needs assessment contract includes an evaluation of the current prevention resource system to determine its adequacy in meeting the needs of population subgroups. The family of needs assessment studies will be integrated into a statewide overview of the specific kinds of substance abuse, the environment where the needs are identified, and identification of current resources available. The integrated report will provide the data necessary to achieve the project's ultimate outcome. The final expected outcome of the project is a conceptual and methodological foundation to enhance future planning efforts and ensure that prevention programs and resources serve communities with the highest prevalence and need. The integrated report format and directions for use were completed in December 2002.

Missouri's prevention program is primarily based on community input and participation. There are currently 194 community based prevention teams comprised of civic leaders, educators, parents, business leaders, regional advisory council members, law enforcement officials, health care providers, youth, media representatives, and other volunteers. Each team annually develops a needs assessment and action plan. The state is participating in the pilot test phase of the Minimum Data Set 3 (MDS-3). Implementation of the MDS is being "rolled-out," with all prevention providers reporting by the end of FFY03.

In the summer of 2002, the Division conducted a series of nine focus groups in all regions of the state. The information resulting from those meetings will form the basis for developing a state prevention plan. In the spring of 2002, the Division conducted a survey of the state's prevention workforce. The results of the survey will contribute to the development of a workforce development plan. Additional information for planning will be gleaned from the Missouri Summit on Alcohol and other Drug Issues conducted during the summer of 2002. The summit was cosponsored by the National Alliance for Model State Drug Laws, Missouri Department of Mental Health/Division of Alcohol and Drug Abuse, Missouri Advisory Council on Alcohol and Drug Abuse, Office of the Governor, Office of the Attorney General, Missouri Association of Prosecuting Attorneys, plus the Missouri state departments of Public Safety, Social Services, Corrections, Elementary and Secondary Education, and Health and Senior Services. The summit brought together over 50 categories of elected and appointed officials, drug and

alcohol abuse professionals, law enforcement, past consumers of services, youth, and community leaders to address drug, alcohol and related violence issues.

The work of the network of training and technical assistance (T/TA) resource centers (Regional Support Centers, RSC) was re-focused to concentrate on building coalition capacity. Each RSC develops a T/TA plan addressing coalition needs in the following areas: mission statement/strategic plan; diversity of membership; diversity of funding sources; strong, continuing leadership; training; and evaluation.

The Division also collects in-depth information on students K–12 in the five school districts participating in the school-based initiative. Data collected include attendance, academic achievement, classroom behavior, substance use, and risk and protective factors. In addition, the Division has access to local data collected under the Prevention Works: the Next STEP research project (Pentz and Hawkins).

In a narrative of up to two pages, describe the process your State used to facilitate public comment in developing the State's plan and its FFY 2004 application for SAPT Block Grant funds.

The Missouri Advisory Council on Alcohol and Drug Abuse, commonly referred to as the State Advisory Council (SAC), and its network of five Regional Advisory Councils (RACs) constitutes the statutory mechanism to ensure that Missouri citizens have an opportunity to participate in and express their views regarding the state's publicly funded substance abuse prevention and treatment system managed by the Division of Alcohol and Drug Abuse. The State Advisory Council's statutory mandate is to collaborate with the Division to disseminate public information about alcohol and drug abuse; review current social technologies and recommend improvements to substance abuse prevention and treatment programs based upon scientific evidence; recommend what should be changed--and how--to improve and update the substance abuse service delivery system; and participate in developing standards for prevention and treatment services.

The State Advisory Council has 25 members consisting of service providers, consumers (recipients of services or family members of recipients), and other interested citizens. The Council meets regularly and holds conference calls to receive updates from Division staff and provide feedback on budget-related matters, legislative initiatives, strategic planning and performance measurement development, and other aspects of the service delivery system. The Council appoints ad hoc committees as needed to address priority issues and make recommendations to the Division of Alcohol and Drug Abuse. Each Regional Advisory Council (RAC) meets periodically and encourages discussion and analysis of local prevention and treatment issues, seeking input from individuals, agencies, and organizations involved in or impacted by substance abuse. Some RAC members also have roles as members of community-based prevention teams and coalitions, comprised of volunteers who provide leadership in substance abuse prevention, intervention, and policy development. The RAC chairpersons attend the regular meetings of the State Advisory Council and work with the SAC on various projects.

The content of the SAPT block grant application reflects some of the recommendations generated through this citizen input. The compressed time frame for

preparing the SAPT application precludes a full review by the advisory council network prior to its submission to the Center for Substance Abuse Treatment. However, the Division distributes the completed SAPT application to the SAC and RAC members for their review, and they are encouraged to communicate their comments to the Division's central and district office staff for consideration in developing the next application. The ongoing communication and meetings with these Advisory Councils provides a forum for regular public comment on substance abuse prevention and treatment programming in Missouri.

Missouri

How your State determined matrix numbers

How your State determined the numbers for the matrix

States are required to utilize data from CSAT or CSAP needs assessment contracts. If your State did not use this data, using up to three pages, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources of data used in making these estimates. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

Form 8, Column 1: Substate Planning Area

The Division of Alcohol and Drug Abuse has 20 Service Areas, which are clusters of counties used as planning areas. The Division's administrative regions are comprised of clusters of Service Areas and define the coverage areas of regional staff. In 2001, the Division reduced its administrative regions from six to five. It further reduced that number to three in 2003, but maintained the five-region alignment for the composition of the Regional Advisory Councils. Substance abuse prevalence estimates have been reported by administrative region because past treatment needs studies have not been able to conduct enough household interviews in some areas of the state to yield reliable Service Area estimates. The Division will continue to report data for the five regions because the three regions are too few in number and too large geographically for meaningful substate data analysis. Also, the State Treatment Needs Assessment Program (STNAP) studies now nearing completion were designed to make estimates based on the five-region system and, when possible, their component Service Areas. The first round of treatment needs studies conducted 1997-1999 generated estimates for the original six-region system. Data from these studies was adjusted for the five-region alignment as described below under Columns 3, 4, 5.

Form 8, Column 2: Total population

The population of each substate region is the 2001 Census estimate.

Form 8, Columns 3, 4, 5: Total population in need, Number of IVDUs in need, and Number of women in need; and Form 9: Treatment Needs by Age, Sex, and Race/Ethnicity.

The estimates of treatment need reported on Form 8 and Form 9 are based on the STNAP family of studies conducted 1997-1999 with support from a contract with the Center for Substance Abuse Treatment. According to the final integrative report of that set of studies, the percentage of adults in Missouri needing substance abuse treatment was estimated to be 9.6% or 378,358 individuals in 1999. This number includes adults in households without telephones, homeless and transient adults, institutionalized adults, and adults incarcerated in jails and state prisons. The study disaggregated the data by age group, gender, and race (white and non-white) based on the pre-2001 Division of Alcohol and Drug Abuse administrative regions as required on Form 9. (Source: Research Triangle Institute, 1999. *State Demand and Needs Assessment Studies: Alcohol and Other Drugs – Integrating Population Estimates of Substance Abuse Treatment Need in Missouri – Final Report*). Another study determined that 114,067 youth, or 23.65% of adolescents ages 12-17, need substance abuse intervention or treatment services. (Source: Research Triangle Institute, 1999. *Assessing Substance Abuse Problems among Youths in Missouri: A Synthetic Estimation Approach – Final Report*). The data was based on the pre-2001 ADA administrative regions but was not disaggregated by age, gender, or race. On Form 9, the Division apportioned the 114,067 among the 12-14 and 15-17 age groups based on the ratio of adolescent treatment admissions between these two age groups in the year of the study. After the Division reduced its regions from six to five in 2001, the adult and adolescent figures were adjusted to reflect the new regional alignment. These adjustments were made by calculating the proportional difference in the 2000 population of each age group in each new region and the old region(s) it was derived from, and applying that multiple to the treatment needs estimates of each region.

The estimates of number of people who would seek treatment but are not currently being served are based on telephone interviews conducted in the 1997 household study. According to the integrative study, in the twelve months prior to the surveys, roughly 10,000 adults desired treatment but received none, and an additional 10,000 reported receiving an insufficient level of treatment. The STNAP study did not

produce regional estimates for this unserved or underserved population, so the estimates are proportionately assigned to each of the five regions based on the treatment need in each region. Lacking more definitive information, this calculation assumes that the percentage of people who need treatment but are unable to receive it is the same in all regions. Based on the STNAP telephone survey responses, a projected 11,987 Missouri adults have injected illicit drugs and comprise the treatment need identified on Form 8, column 4. The pre-2001 regional estimates for IV drug treatment need were adjusted for the five regions using the same methodology used to adjust the aggregate treatment need for the five regions. The number of unserved and underserved IV drug users was not estimated in the STNAP study, so the number was estimated by assuming that IV drug users are among the 20,000 unserved and underserved population in the same proportion as all individuals needing treatment.

The 1997-1999 treatment needs assessment study has several limitations. The household survey excluded respondents under age 18, so the integrative study used juvenile arrestee data and social indicators to provide rough estimates of intervention or treatment need among adolescents. The core study for the prevalence estimates was an adult telephone survey. In 1997, an estimated 93% of Missouri adults resided in households with telephones, while five percent lived in residences without phones and two percent were institutionalized, incarcerated, homeless, or living in group homes. Many of these individuals have high substance abuse rates. Thus, other data sources were used to include prevalence estimates for those omitted from the survey sampling frame. The study used a household sample size large enough to project regional estimates of treatment need, but not large enough to provide sub-region estimates, such as at the Service Area level. Sample selection and response rates for the household survey are sources of potential bias. Beginning with a sample of 30,093 telephone numbers, 9,724 known eligible telephone numbers were assigned. Of these, 7,541 adults completed the screening interviews and 5,136 completed the telephone interviews. The characteristics and responses of those who completed the screenings and surveys can potentially misrepresent the entire pool of eligibles, and the sample from which they are drawn can misrepresent the entire population of adults living in households with telephones. An insufficient number of interviews were conducted with some of the age/gender/race demographic subgroups to adequately represent those groups, particularly within some of the regions. Therefore, the demographic detail of the statewide estimates cannot be extended with the same confidence level to the regions. Another source of bias is the survey design. In any survey involving questions about sensitive behaviors, there is a potential for underreporting. With a telephone survey, there is the added concern about the willingness of respondents to disclose information regarding substance use behaviors. In spite of implementing standard surveying practices to build rapport and ensure privacy, some underreporting probably occurred.

A second STNAP study is underway by Research Triangle Institute (RTI) and will be completed in late 2003. The new study is expected to considerably improve treatment needs estimates for adolescents. The study includes household telephone interviews with approximately 2,000 adolescents ages 12-17, and another survey of 5,000 adults. The STNAP also includes a study of jail inmates in four large counties to assess the treatment needs of the incarcerated populations. The new set of studies is expected to yield substance abuse prevalence estimates at the Service Area (sub-region) level for the first time, and to differentiate the intervention and treatment needs of the adolescent and adult populations. The RTI is determining the feasibility of combining data from the 1997 and 2001 household interviews to produce more reliable Service Area estimates of adult treatment need. Besides the prevalence estimates and the inmate needs assessment, a product of the second STNAP study will be a utilization model that has some updatable elements such as treatment admissions, costs, and lengths-of-stay. The model will assist planners to quantify treatment penetration rates and treatment gaps, and to make estimates of the services capacity of the Division's treatment system.

Column 6: Prevalence of substance-related criminal activity

DWI arrests, drug arrests, and boating while intoxicated (BWI) arrests are included in the Uniform Crime Reporting (UCR) system. Data is coded according to the county of arrest. BWI was selected for reporting in the optional column because Missouri has a large number of lakes and navigable streams. Intoxicated boating crashes and other alcohol related injuries associated with water recreation are a significant problem in the state.

Column 7: Incidence of communicable diseases

The data on hepatitis-B, AIDS, and tuberculosis is provided by the Missouri Department of Health. The data is based on the county of residence of the person with the disease, and the rate is based on the number of cases in the county per 100,000 county residents in accordance with 2001 population estimates.

Missouri

Attachment F: Group Home Entities

Attachment F

The Anti-Drug Abuse Act of 1988 (Pub. I. 100-690, approved November 18, 1988) amended Subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x) by adding a new section 1916A establishing a program entitled Group Homes for Recovering Substance Abusers.

Under the Alcohol and Drug Abuse and Mental Services (ADMS) Block Grant, the Missouri Department of Mental Health established the Group Home Revolving Loan fund by contract with the Missouri Housing Development Commission (MHDC) effective August 11, 1989. States were required to establish the revolving fund in the amount of \$100,000. States must establish, directly or through the provision of a grant or contract to a non-profit entity, a revolving loan fund.

By law, individual loans for the establishment of programs to provide housing may not exceed \$4,000 each. The loans are to be repaid within a 2 year period. These funds are to be used to provide start-up loans to groups of recovering individuals.

As stipulated in accordance with the specifications in the Block Grant legislation, the loans have specific requirements. An application must be submitted to the Department of Mental Health and signed by at least six recovering individuals who have completed alcohol and/or drug treatment. They must want to start a self-run, self supported alcohol and drug free house. After reviewing the application, the Department of Mental Health forwards the application to MHDC and after their review, a check is forwarded to the applicant (borrower). Loan checks are not made payable to individuals but in the name of the house which is designated by the name of the street or town where it is located. Loan repayment schedules are in 12, 18, or 24 month equal installments. No loan payments are due for the first 30 days after the original loan is issued. No interest is charged to the borrower on the principal on the loan. Repayments are made to MHDC where they are deposited into the revolving loan fund.

Late payments from the borrower are assessed a 20% or \$25.00 if not received as scheduled.

MHDC is no longer the administrator of the revolving loan fund. This change was effective July 1, 2002. Oxford House, Inc. contracted to manage the loan fund and has provided the same quality service that MHDC had started. A monthly report is forwarded giving details of each house loan and payment schedule. Every account has received a payment book and is contacted if scheduled payments are late or missed.

The Department of Mental Health, Division of Alcohol and Drug Abuse receives a report from Oxford House, Inc. detailing the activity for every house on a monthly basis. Any house experiencing financial difficulty will be counseled by Drug Free Group Home Specialist employed by the Department of Mental Health. Technical assistance is provided by the Drug Free Group Home Specialist and can be contacted through an 800 telephone number. There are three individuals who are employed by the Department that comprise this team. Through publications, meetings and workshops the Division of Alcohol and Drug Abuse has made education of the Oxford House concept a priority for legislators, communities, and local government agencies throughout Missouri.

As of June 30, 2002, 94 loans have been committed in Missouri for drug-free group homes. These homes are located in 15 Missouri cities. More than \$300,000 has been loaned to open Oxford Houses in Missouri since 1989. There are currently 60 houses in the state where 365 men and 73 women make their home.

CENTRAL REGION

Alhambra, 107 E Alhambra, Columbia, MO 65203 M 573/443-2640
Bicknell, 104 Bicknell, Columbia, MO 65203 M 573/442-7084
Calico, 2504 Calico St, Columbia, MO 65202 M 573/474-0035
Cougar, 600 Rogers St, Columbia, MO 65203 M 573/442-2330
Leslie, 19 E Leslie, Columbia, MO 65202 M 573/256-5221
Main Street, 1601 S Franklin St, Kirksville, MO 63501 M 660/665-3297
Nelwood, 2501 Nelwood Dr, Columbia, MO 65202 M 573/814-0888
Proctor, 314 Proctor Dr, Columbia, MO 65202 M 573/874-9610
Quail, 2614 Quail St, Columbia, MO 65202 M 573/814-3900
Rothwell, 220 Elliot Dr, Columbia, MO 65201
Seales, 1400 W Main St, Jefferson City, MO 65109 M 573/635-7567
Sondra, 921 Sondra, Columbia, Mo 65203 M 573/875-5721
Spring Valley, 338 Crown Point, Columbia, MO 65203 W 573/443-3571
Willowbrook, 2501 Willowbrook Ct, Columbia, MO 65203 M 573/474-0741

EASTERN

Allendale, 3127 Meramec St, St Louis, MO 63118 M 314/353-5823
Bruno, 7246 Bruno, Richmond Hts, MO 63143 M 314/645-2882
Chippewa, 6408 Chippewa, St Louis, MO 63109 M 314/353-2771 TTY 314/353-4630
Clayton, 6957 Clayton Rd, St Louis, MO 63110 M 314/863-7669
Fairview, 2171 Hwy 61, Festus, MO 63028 M 636/937-2514
Folsom, 3939 Folsom, St Louis, MO 63110, W 314/772-5032
Gravois, 3943 Gravois, St Louis, MO 63110 M 314/772-1303
Hanover, 211 S Hanover, Cape Girardeau, MO 63703 M 573/339-1163
Humphrey, 3542 Humphrey, St Louis, MO 63118 M 314/865-2928
Jarman, 4506 S Grand, St Louis, MO 63118 W 314/351-1567
Lusher, 11876 Lusher Rd, Florissant, MO 63138 M
McCausland, 2017 McCausland, St Louis, MO 63143 M 314/644-0971
McDonough, 527 McDonough, St Charles, MO 63303 M 636/947-6730
Michigan, 7127 Michigan Ave, St Louis, MO 63118 M 314/351-2712
Monitor, 3633 Meramec, St Louis, MO 63116 W 314/752-1213
Montana, 3655 Montana, St Louis, MO 63116 M 314/351-2064
Osage, 2715 Osage St, St Louis, MO 63118 W 314/772-6771
Portis, 4430 Arsenal, St Louis, MO 63118 M 314/776-5828
Shenandoah, 720 Shenandoah, St Louis, MO 63104 M 314/776-4883
St Charles, 225 N 5th St, St Charles, MO 63301 M 636/940-0741
Winfield, 60 Frankie Dr, Winfield, MO 63389 M 636/566-6258

WESTERN

Blue Hills, 1832 E 49th St, Kansas City, MO 64111 M 816/921-1012
Harrison, 3817 Harrison St, Kansas City, MO 64109 M 816/931-9780
Hillcrest, 9719 Hillcrest Rd, Kansas City, MO 64134 M 816/761-3948
Holmes, 2741 Holmes, Kansas City, MO 64108 M 816/842-1634
Karnes, 3305 Karnes Blvd, Kansas City, MO 64111 W 816/931-6731
Marlboro, 1410 E 77th Terrace, Kansas City, MO 64131 M 816/333-2267
Midget, 3112 Linwood, Kansas City, MO 64128 M 816/861-4433 or 921-4107
Northeast, 1229 Benton Blvd, Kansas City, MO 64129
Norwood, 2934 S Norwood, Independence, MO 64050 M 816/252-5703
Olive, 3221 Olive St, Kansas City, MO 64101 W 816/921-6525
Rockhill, 5632 Charlotte, Kansas City, MO 64110 M 816/822-7134
St Joseph, 507 S 10th, St Joseph, MO 64501 M 816/232-8988
Walrond, 2948 E 28th St, Kansas City, MO 64128 M 816/861-2480

SOUTHWESTERN REGION

Catalina, 1674 S Catalina, Springfield, MO 65807 M 417/887-7783

Ingram Mills, 3215 E Southern Hills, Springfield, MO 65807 M 417/877-8562
Kansas Avenue, 1558 W Cherokee, Springfield, MO 65807 M 417/832-0796
Kerr, 953 W Kerr, Springfield, MO 65803 M 417/864-6316
McCann, 820 S McCann St, Springfield, MO 65802 W 417/863-0244
Moffet, 529 Moffet St, Joplin, MO 65801 M 417/623-4347
Outdoor, 189 Outdoor, Branson, MO 65616 M 417/336-9496
6th Street, 603 E 6th St, Branson, MO 65616 M 417/339-2826
Utah, 1032 Utah St, West Plains, MO 65775 M 417/256-4655
Vaughn, 1002 Chippewa, Branson, MO 65616 M 417/339-2826
Wall, 1422 S Wall Ave, Joplin, MO 65616 W 417/623-8984

Technical Assistance Staff
1/800-575-7480 ADA Toll Free Number
Al Meyers 573/751-8677
Jacquie Lockett 314/877-0386
David Cikesh 816/512-4919

Revised 5/22/03

Missouri

Attachment B: Programs for Women

Treatment for women in the State of Missouri has been enhanced over the past ten years, due, in part, to the block grant funds. Missouri's Division of Alcohol and Drug Abuse has moved from providing treatment slots for women in integrated programs to developing programs designed specifically for women and their children. Eleven agencies with multiple treatment site locations have implemented Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs specifically designed for women and their children. Two of the CSTAR programs are a joint endeavor with the Missouri Department of Corrections to provide alcohol and drug treatment to women on probation and parole. The dependent children were provided child care and treatment for physical, emotional and behavioral conditions brought about by their mothers' addiction. In this manner, the mandate of Section 1922(c) in spending FFY 2001 block grant funds for at least a 5% set aside has been exceeded.

Urban hospitals in St. Louis and Kansas City noted the increase in drug-affected children in the late 1980's. By 1988, the number of impaired infants brought about an organized request to the Division of Alcohol and Drug Abuse to begin treating pregnant and postpartum women and their children. Concurrently, the CSTAR program was being mounted to meet the needs of this specific group of women and their children. Women are defined as requiring treatment when their use of alcohol and other drugs has caused dysfunction in any area of their lives. By offering three levels of care, CSTAR is suited to match the level of addiction to a level of care. These levels are:

Community-based Primary Treatment - The most structured and intensive treatment on a daily basis; allows for day treatment, community support, family therapy and residential support.

Community-based Rehabilitation - A menu of services designed to meet the need of the women and their children on an outpatient basis; allows for group counseling, group education, individual counseling, family therapy and community support.

Supported Recovery – It is the least intensive level of treatment. It is molded to help women and their children maintain the gains made in the first two levels. It is similar to the aftercare model that has proved successful in supporting continued recovery in the traditional 30-day programs.

Women are offered group education on a wide array of topics such as drug education, communication skills, anger management, and relapse prevention. Group counseling is offered to allow clients to explore emotional issues and work towards healthy relationships and lifestyles. Individual counseling allows for further exploration and working towards specified individualized treatment goals.

Child care is provided at all levels of CSTAR programming for women. A Child Therapist is required on each program staff to assess infants/children and either provide the necessary services or make appropriate referrals for infants/children with special

needs. Codependency counseling and family therapy are provided for all persons identified with a need for these services.

All women and children who enter treatment are provided health screenings to identify health deficits or needs for medical intervention. Within the CSTAR programs, registered nurses are on duty to assist mothers and their children to achieve healthy lives. The nurses on-site at each facility offer medical services, referral, and education for all children and families. Each child is required to have a current physical exam and immunizations. The Community Support Workers assist the clients in arranging medical appointments and obtaining transportation. Close associations and written agreements with local health clinics, hospitals and doctors provide prenatal care, immunizations and other preventive techniques to increase the well being of mothers and their children. (All CSTAR programs conduct an HIV/STD/TB risk assessment for all clients at admission.) Counseling and testing for HIV/AIDS, STD and TB are available on site or by referral at all CSTAR women's programs. This innovative healthcare provision was a result of the FFY 1997 mandate to increase and improve services for women.

Dramatic results have occurred due to the provision of treatment services specifically designed for women. In FY2002, over 5159 women and children were treated in the CSTAR women and children programs. In FY2003, 74 out of 83 babies born to women in CSTAR program were born drug free. In addition, 114 children were returned to their mother's custody from the Division of Family Services because their mothers had regained their ability to manage healthy families and live productive lives. The emotional rewards and cost savings from these programs alone support the continuation of treatment for women. The State is moving towards a standardized outcome-based system of monitoring client improvement on numerous domains.

Missouri

Attachment B: Programs for Women (contd.)

In up to four pages, answer the following questions:

Identify the name, location (include substate planning area), NFR ID number, type of care (refer to definitions in Section II.5), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.

The capacity of CSTAR programs in all three levels is unlimited because it is an intensive outpatient program. However, the residential component at most facilities is limited to 16 beds for the primary clients and 10 beds for children. Housing can be made available for families that are homeless or alienated from their families of origin. All the women's facilities have access to supportive housing money, and therefore can offer additional safe housing options.

The number of clients served in all three levels in FFY 2001 at the women's treatment programs by agency was: BASIC - 393, Bridgeway Counseling Services, Inc. - 856, Family Counseling Center of Missouri, Inc. - 438, Family Counseling Center, Inc. - 399, Family Self-help Center - 259, Hannibal Council on Alcohol and Drug Abuse - 348, Alternative Opportunities - 397, New Beginnings Alt-Care - 339, Queen of Peace Center - 627, Renaissance West, Inc. - 272, and Research Mental Health Services - 530.

Included is a list of all women's and children's CSTAR programs in Missouri including the Substate Planning Area (SPA) and the National Federal Registry (NFR) ID.

BASIC (Black Alcohol/Drug Service Information Center)
Locust, Suite 800
St. Louis, MO 63103
SPA: Eastern Region
NFR ID: MO100880

Bridgeway Counseling Services
307 North Main
St. Charles, MO 63301
SPA: Eastern Region
NFR ID: MO101136, MO101458

Family Counseling Center of Missouri, Inc.
McCambridge Center for Women
201 North Garth
Columbia, MO 65203
SPA: Central Region
NFR ID: MO101003

Family Counseling Center, Inc.
Cape Girardeau CSTAR
20 South Sprigg, Suite #2

Cape Girardeau, MO 63701
SPA: Southeastern Region
NFR ID: MO101123

Family Self-Help Center
Lafayette House Serenity Program
Box 1765, 1809 Connor Avenue
Joplin, MO 64802
SPA: Southwestern Region
NFR ID: MO101029

Hannibal Council on Alcohol and Drug Abuse
146 Communications Drive
Hannibal, MO 63401
SPA: Northern Region
NFR ID: MO101219

Alternative Opportunities
Carol Jones Recovery Center for Women
2411 West Catalpa Street
Springfield, MO 65807
SPA: Southwestern Region
NFR ID: MO903879

New Beginnings Alt-Care
3901 N Union Blvd, Suite 101
St. Louis, MO 63115-1130
SPA: Eastern Region
NFR ID: MO102092

Queen of Peace Center
325 North Newstead
St. Louis, MO 63108
SPA: Eastern Region
NFR ID: MO100591

Renaissance West, Inc.
5840 Swope Parkway
Kansas City, MO 64127
SPA: Western Region
NFR ID: MO100898

Research Mental Health Services
North Star Recovery Services
2801 Wyandotte
Kansas City, MO 64108

2. *What did the State do to ensure compliance with 42 U.S.C. 300x-22(c)(1)(C) in spending FFY 2001 block grant funds?*

Treatment for women in the State of Missouri has expanded remarkably over the past ten years, due in part to the block grant funds. Missouri's Division of Alcohol and Drug Abuse has moved from providing treatment slots for women in integrated programs to developing programs designed specifically for women and their children. Eleven facilities with multiple treatment site locations have implemented Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs specifically designed for women and their children in Missouri. Two of the CSTAR programs are a joint endeavor with the Missouri Department of Corrections to provide alcohol and drug treatment to women on probation and parole. The women's dependent children were provided child care and treatment for physical, emotional and behavioral conditions brought about by their mothers' addiction. In this manner, the mandate of Section 1922(c) in spending FFY 2001 block grant funds for at least a 5% set aside has been exceeded.

What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?

The programs specialized to meet the special needs of pregnant women and women with dependent children are monitored on a regular basis. All CSTAR treatment providers receive a certification site survey annually from a team of treatment certification specialists. The programs are reviewed with a set of comprehensive CSTAR standards. In addition to this annual survey, Division staff performs contract compliance visits annually and make technical assistance visits when necessary.

What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

The State uses data reported by the contract providers on a routine basis for monitoring the treatment capacity and utilization by women. The Department of Mental Health maintains a central data system that identifies, among other data, the services provided, number of clients, and demographics (including pregnancy at admission) of clients. In addition, the contract providers report to the State when their facility has reached 90% capacity and then work with the State to manage the waiting list to assure that priority groups (including pregnant women) receive treatment. Requests for the treatment of women have increased substantially over the past decade. In addition, a toll-free number for pregnant women, maintained by the Department of Health, records all calls and categorizes requests for treatment. Through these mechanisms, areas of the state that require additional treatment resources are identified and new programs are planned.

What did the State do with FFY 2001 block grant funds to establish new programs or expand the capacity of existing programs for pregnant women and women with

dependent children?

The State of Missouri has been a leader in providing quality substance abuse treatment services to women and their children. The Division has 11 agencies providing CSTAR programs specifically for women at multiple locations. Every year there is an increase in the number of women served in state funded programs. The CSTAR Women & Children client numbers served have increased from 2,548 in FY1995 to 4816 in FY2001 for primary clients.

Missouri

Attachment C: Programs for IVDU

Attachment C: Programs for Intravenous Drug Users (IVDUs) (See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

1. How did the State define IVDUs in need of treatment services?

IVDUs include all substance abusing persons whose primary, secondary, or tertiary route of administration is by needle, whether intravenously or intramuscularly.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(a)(2) and 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FFY 2001 SAPT Block Grant funds (See 45 C.F.R. 96.124(a)(2) and 96.126(a))?

During FY 2001 Missouri had set-aside funds earmarked exclusively for IVDU prevention and treatment services, and contracted with specialized programs to provide those services.

Funds were allocated to two primary program modalities to treat IVDUs: Opioid treatment programs provided outreach services including prescription and dispensing of methadone, combined with appropriate medical and social services to decrease the morbidity of withdrawal from heroin or other morphine-like drugs. Comprehensive Care Programs treated IVDUs. These programs consist of 30-day intensive residential care followed if necessary by up to 60 days of continued residential care. Outpatient counseling was also provided, both as primary care and aftercare.

These programs are located primarily in the urban areas of Kansas City and St. Louis. However, IVDUs were admitted to and treated in other Division-funded primary recovery and outpatient programs throughout the State.

3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?

Contract providers were required by contract to comply with this section of the law. The prohibition also included distribution of bleach for the purpose of cleaning needles for such injection. We monitored compliance with these requirements by using regional staff to conduct on-site reviews. Our monitoring did not uncover any violation or failure to comply with these requirements. Further, no state-sponsored programs existed in any branch of State government involving distribution of needles or bleach.

4. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this done. Please provide a list of all such programs that notified the State during FFY 2001 and include the program's I-SATS ID (See 45 C.F.R. 96.126(a)).

Throughout FFY 2001 all providers operated at or near capacity, with all agencies maintaining at least 90 percent capacity. Agencies not at capacity were quickly filled with referrals from waiting lists from other treatment programs.

5. *42 U.S.C. 300x-23(a)(2)(A)(B) of the PHS Act requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days? Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).*

Program providers were required by contract to admit within 14-120 days of request any client who used injecting drugs within 30 days or less, or who was in imminent danger of relapse. Each program maintained contact with these clients on their waiting lists. Contracts required the programs to have capacity to provide interim services as a part of the range of services being offered. Often the program will make referrals to other options and resources in the community, for example, private pay opioid treatment program or detoxification programs. Outpatient groups are sometimes offered as an interim service. Compliance with these regulations was monitored by regional staff by on-site visits using the Block Grant Compliance Checklist.

6. *42 U.S.C. 300x-23(b) of the PHS Act required any program receiving amounts from the grant to provide treatment for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDU's was accomplished (See 45 C.F.R. 96.126(e)).*

In FFY 2001, the Division contracted with community-based providers in the Kansas City and St. Louis areas for needs assessment, public information through the media, and one-on-one intervention with identified abusers.

These outreach programs included:

- a Selecting, training, and supervising outreach workers.
- b Contacting, communicating and following up on high-risk users and their associates within the constraints of federal and state confidentiality requirements.
- c Promoting awareness among injecting abusers about the relationship between injection and communicable diseases such as HIV.
- d Recommendations on ways to prevent HIV transmission.
- e Encouraging entry into treatment.

Outreach staff searched for at-risk users at drug “shooting galleries”, on street corners, and in vacant buildings. Classroom and community presentations were also provided. Special populations targeted included prostitutes (through county and municipal courts) and probation/parole clients with a history of drug abuse. General community education focused on information and referral to appropriate resources.

Each IVDU treatment program provider was also responsible for maintaining an active

outreach, education, and referral effort to identify potential clients and facilitate entry into treatment. These outreach efforts, both at the treatment program and in the community-based initiative, were monitored for compliance and efficacy by the Division's regional program staff.

Missouri

Attachment J: Waivers

[No Current Narrative Information]

Missouri

Attachment D: Program Compliance Monitoring

Attachment D: Program Compliance Monitoring (See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FFY 2001) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:

! A description of the strategies developed by the State for monitoring compliance with each of the sections identified below:

1. **Notification of Reaching Capacity** 42 U.S.C. 300x-23(a) (See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
2. **Tuberculosis Services** 42 U.S.C. 300x-24(a) See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and
3. **Treatment Services for Pregnant Women** 42 U.S.C. 300x-27(b) (See 45 C.F.R. 96.131(f) and C.F.R. 96.122(f)(3)(vii)).

! A description of the problems identified and corrective actions taken.

1. Notification of Reaching Capacity

All treatment agencies in Missouri continue to remain at or near capacity. Monitoring procedures are in place to assist clients in accessing treatment as quickly as possible. The Division's current notification procedure requires treatment programs to notify the Division in writing upon reaching 90% of treatment capacity. Agency activity levels are monitored at regional level through the Regional Administrators and Area Treatment Coordinators in their respective regional offices. The Clinical Review section also monitors capacity at the central office level. Missouri's treatment agencies, through a cooperative effort of the regional offices, maintain contact with each other and agencies not at capacity are quickly filled with referrals from other agencies.

In FFY 2001, the Division continued to look for ways to serve more clients efficiently and effectively to maximize the limited treatment dollars. Demand for treatment continues to be greater than available services.

2. Tuberculosis Services

All drug and alcohol treatment facilities are required by contract to make testing for tuberculosis available. Some facilities provide testing on site while others refer clients to the local health department. The treatment facilities have established and maintained good working relationships with their local health departments. Clients have access to testing at any time during their treatment. Agencies may not deny access to treatment based on a positive test result providing the individual does not have active disease. Providers of treatment are required by contract to make appropriate referrals for persons seeking services who are not admitted to their program. Treatment programs can collaborate with the local health department for treatment staff to observe individuals taking preventive medicine for a positive tuberculosis skin test.

If an agency has difficulty finding services or has concerns about referring someone with positive tuberculosis test results, a treatment specialist from the Division will be consulted. The treatment specialist would then assess the needs of the client, advise agency staff of procedures and protocols and if necessary seek assistance from the Department of Health, Bureau of Tuberculosis Control in determining appropriate services.

On-going training opportunities and education of provider staff is available through the Dept. of Mental Health and through local departments of health. The Division's treatment specialists, regional administrators, and area treatment coordinators will continue to work with treatment providers and county health departments to maintain and improve tuberculosis services. Through site certification surveys, contract compliance reviews, and technical assistance visits, the division will monitor tuberculosis services to

include but not limited to: screening, referral, testing procedure, counseling, and confidentiality. Site certification surveys and contract compliance reviews are conducted once a year and technical assistance visits as needed.

The infection control recommendations and protocols include, but are not limited to the following procedures: screening of patients, identification of those individuals who are at high risk of becoming infected, and meeting all state reporting requirements while adhering to federal and state confidentiality requirements.

In order to assure that the TB services listed below are provided or arranged the Division performs the monitoring functions discussed above.

SERVICES

Counseling about TB, health risks, and risks of transmission.

Testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual.

Providing for or referring individuals infected by TB for appropriate medical evaluation and treatment.

3. Treatment Services for Pregnant Women

Through contractual requirement, all service providers that specialize in women's treatment must give priority to pregnant women seeking admission to treatment. Also CSTAR certification standards (9 CSR 30-3.190 Specialized Program for Women and Children) state that "Priority shall be given to women who are pregnant or postpartum" and that "The program shall engage in all activities necessary to ensure the actual admission of and services to those women who meet priority criteria." Compliance is monitored through annual certification surveys, annual contract compliance visits at each agency, as well as through the clinical review section which reviews approximately 20% of the clients for continued authorization of services.

Missouri

Attachment I: Independent Peer Review

Attachment I: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))

For the fiscal year two years prior (FFY 2002) to the fiscal year for which the State is applying for funds:

In up to three pages provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2002 (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136.)

Examples of procedures may include, but not be limited to:

- ___ the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of*
- operational procedures implementing independent peer review;*
- ___ the role of the State Medical Director for Substance Abuse Services in the development of such procedures;*
- ___ the role of the independent peer reviewers; and*
- ___ the role of the entity(ies) reviewed*

Examples of activities may include, but not be limited to:

- ___ the number of entities reviewed during the applicable fiscal year;*
- ___ technical assistance made available to the entity(ies) reviewed; and*
- ___ technical assistance made available to the reviewers, if applicable.*

The Division of Alcohol and Drug Abuse has been contractually requiring all treatment providers to participate in independent peer review since July, 1993. Contracted providers have been cooperating with this requirement each year since that time. Seven reviews were conducted in FY 2000, seven in FY 2001, six in FY2002, and seven in FY2003.

The independent peer reviews have been conducted on a wide range of treatment modalities. These included treatment modalities such as social setting detoxification, residential, outpatient, opioid treatment, and CSTAR adolescent, general population, and women and children's programs.

The peer review process has proven effective in providing valuable feedback to the treatment providers. A reporting system is in place to encapsulate information collected through the review process. Regional treatment coordinators are responsible for initiating the peer review process. Copies of the report are distributed to regional administrators, treatment staff and the Division's fiscal section. The reports are given to the providers being reviewed. The regional treatment coordinators then conduct follow-up on issues identified in the reports.

The reviewed agencies respect the feedback from their peers, who understand direct care services from the same perspective. The review is useful to the agency and to the reviewer, who has an opportunity to share ideas on program operations. The information is also useful to the Division's treatment specialists and other staff that provide technical assistance to the agencies statewide. In addition to contract compliance, the role of the regional treatment coordinator is to provide technical assistance and/or arrange for the technical assistance visits. Some of the feedback provided through the peer review process includes suggestions regarding treatment planning, documentation, and cultural diversity.

Federal Confidentiality Regulations are observed throughout the individual peer review process. All members of the peer review team are knowledgeable of—and agree to comply with—federal confidentiality regulations in carrying out their assigned duties.

Missouri

Attachment H: Capacity Management

Attachment H: Capacity Management and Waiting List Systems (See 45 C.F.R.96.122(f)(3)(vi) for funds:

For the fiscal year two years prior (FFY 2002) to the fiscal year for which the State is applying for funds:

In up to five pages provide a description of the state's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirements to develop capacity management and waiting list systems for intravenous drugs users and pregnant women (See 45 C.F.R.96.126 (c) and 45 C.F.R.96.131.(c) respectively). This report should include information regarding the utilization of these systems.

Examples of procedures may include, but not be limited to:

- ___ development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;*
- ___ the role of the single State authority (SSA) for substance abuse prevention and treatment;*
- ___ the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and*
- ___ the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.*

Examples of activities may include, but not be limited to:

- ___ how interim services are made available to individuals awaiting admission to treatment;*
- ___ the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment*
- ___ technical assistance*

The Single State Agency for the State of Missouri addresses the requirements for developing capacity management and waiting list systems for intravenous drug users and pregnant women through several methods:

1. Certification Standards for Alcohol and Drug Abuse Programs

The capacity management systems for the Division of Alcohol and Drug Abuse (ADA) are addressed in standards imposed on providers of treatment services through the Certification Standards for ADA programs. These Certification Standards are codified as state regulations in the Code of State Regulations (CSR) and filed with the Missouri Secretary of State. Relevant standards include:

9 CSR 10-7.030 (1) (Service Delivery Process and Documentation) requires each individual requesting service shall have prompt access to a screening in order to

determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

(A) At the individual's first contact with the organization (whether by telephone or face-to-face contact), any emergency or urgent service needs shall be identified and addressed.

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report.

2. Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours, or the program shall provide information about treatment alternatives or community supports where available.

3. Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine service needs should be seen as soon as possible to the extent that resources are available.

(B) The screening shall include basic information about the individual's presenting situation and symptoms, presence of factors related to harm or safety, and demographic and other identifying data.

(C) The screening—

1. Shall be conducted by trained staff;
2. Shall be responsive to the individual's request and needs; and
3. Shall include notice to the individual regarding service eligibility and an initial course of action. If indicated, the individual shall be linked to other appropriate services and resources in the community.

9 CSR 30-3.190 (1) (Specialized Program for Women and Children) requires that in programs that provide treatment solely to women and children, priority is given to women who are pregnant or postpartum.

9 CSR 10-7.010 (6) (Treatment Principles and Outcomes) requires (A) Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria and (7) Essential Treatment Principle—Array of Services.

(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

1. The organization has a process that determines appropriate services and ensures access to the level of care appropriate for the individual.

2. Each individual shall be provided the least intensive and restrictive set of services, consistent with the individual's needs, progress, and other designated utilization

criteria.

3. To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals.

9 CSR 3.100 (14) (Services Delivery Process and Documentation) requires that the Division of Alcohol and Drug Abuse conduct clinical review to "promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definition."

9 CSR 30-3.132 (5) (Opioid Treatment Program) requires "the program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive."

Agencies within close proximity of each other have developed informal telephone communications to refer clients to other programs when they are unable to meet the needs of those clients seeking treatment. This has proven to be an effective process. Also, the Division of Alcohol and Drug Abuse assists agencies in locating referral resources throughout the state.

Funds Expended or Obligated for the Federal Fiscal Year two years prior to the year for which the State is applying for funds:

These certification standards are part of the ongoing operations of the Missouri Division of Alcohol and Drug Abuse. In addition, the statewide network of treatment providers provides an easy vehicle for communication across provider agencies on topics related to treatment capacity. No direct costs can be attributed to complying with the capacity management and waiting list requirements of the block grant.

2. Information systems: Client Tracking, Registration, Admission, and Commitment (CTRAC)

The CTRAC information system designed and maintained by the Missouri Department of Mental Health has a registration option of screening/waiting rather than admission. The Division of Alcohol and Drug Abuse allows each provider to maintain contact with those clients on their waiting list in the manner each provider determines best or appropriate for their particular agency.

Funds Expended or Obligated for the Federal Fiscal Year two years prior to the year for which the State is applying for funds:

CTRAC is a component of the Missouri Department of Mental Health's client information infrastructure. Costs for complying with block grant capacity management and waiting list requirements are part of the ongoing costs of this infrastructure and cannot be estimated.

Missouri

Attachment E: TB and Early Intervention Svcs

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV (See 45 C.F.R. 96.122(f)(1)(x))

For the fiscal year three years prior (FFY 2001) to the fiscal year for which the State is applying for funds:

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a designated State, provide funds expended (or obligated) for early intervention HIV services.

Examples of procedures include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOAs) and Memoranda of Understanding (MOUs);
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

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· Examples of activities include, but are not limited to:

- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- the number and geographic location (include substate planning area) of projects delivering early intervention services for HIV;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

For fiscal year three years' prior (FY2001)

Description of the State's procedures and activities and total funds expended for TB services and early intervention for HIV.

Since 1989 the Division of Alcohol and Drug Abuse has provided TB and HIV services in the four publicly-funded methadone programs, and other selected treatment programs. Linkages between early intervention services for HIV and the IVDU Outreach Programs included

methadone service providers as well as other identified efforts, particularly in St. Louis and Kansas City.

Since July 1, 1993 all substance abuse treatment programs have provided TB and HIV services to clients entering treatment by arranging with a nearby health clinic or like facility to provide clients with TB testing and counseling. Testing and other services are provided by the local health clinic at the request and client referral of the substance abuse treatment program. All clients, whether admitted or not, are offered the service. Clients have the right to refuse all invasive procedures, including TB testing. Follow up counseling and ongoing services are then provided collaboratively between the substance abuse provider and the health clinic. A Division Treatment Specialist coordinates the HIV and TB services with the Department of Health and Senior Services, local county health departments, and substance abuse programs to ensure services are available to all clients.

These services and local linkages between substance abuse programs and local clinics were evenly distributed statewide and involved all contracted program sites. All clients received a HIV/STD/TB/Hepatitis Risk Assessment at admission to treatment and appropriate referrals were made. Pre and post test counseling, testing and HIV education was available to clients in substance abuse treatment.

A Treatment Specialist from the Division of Alcohol and Drug Abuse maintained continued contact with contracted agencies and coordinated technical assistance education. A qualified contracted provider conducted regional trainings for treatment providers regarding HIV Prevention and Pre/Post Test Counseling. Additional services were provided to the Division by the Department of Mental Health, Office of Medical Affairs in the form of technical assistance and consultation. The Division adhered to the protocols established by the U. S. Centers for Disease Control and Prevention and the Missouri Department of Health and Senior Services (DHSS).

The responsibility for public health and communicable diseases is a secondary role, requiring close coordination of policy and program priorities between the Missouri DHSS and the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. The Missouri DHSS assisted the Division by notifying local health departments of the need for coordination of services.

Missouri

P10 - Overall Narrative (optional)

[No Current Narrative Information]

Missouri

P11 - Overall Narrative (optional)

[No Current Narrative Information]

Missouri

P12 - Overall Narrative (optional)

[No Current Narrative Information]

Missouri

P13 - Overall Narrative (optional)

[No Current Narrative Information]

Missouri

P14 - Overall Narrative (optional)

[No Current Narrative Information]

Missouri

Appendix A - Additional Supporting Documents (Optional)

[No Current Narrative Information]